



FEDERAL ELECTION COMMISSION
WASHINGTON, D.C. 20463

August 15, 2011

RQ-7

HERB SWARZMAN, TREASURER
BAYPAC
BOX 271082
TAMPA, FL 33688

IDENTIFICATION NUMBER: C00155713

REFERENCE: MID-YEAR REPORT REPORT 1/1/2011 - 6/30/2011

DEAR TREASURER:

IT HAS COME TO THE ATTENTION OF THE FEDERAL ELECTION COMMISSION THAT YOU MAY HAVE FAILED TO FILE THE ABOVE REFERENCED REPORT OF RECEIPTS AND EXPENDITURES AS REQUIRED BY THE FEDERAL ELECTION CAMPAIGN ACT, AS AMENDED.

IT IS IMPORTANT THAT YOU FILE THIS REPORT IMMEDIATELY WITH THE FEDERAL ELECTION COMMISSION, 999 E STREET, N.W., WASHINGTON, D.C., 20463. PLEASE NOTE THAT ELECTRONIC FILERS MUST SUBMIT THEIR REPORTS ELECTRONICALLY, AS PER 11 CFR §104.18. A COPY OF THE REPORT OR RELEVANT PORTIONS MUST ALSO BE FILED WITH THE SECRETARY OF THE STATE OR EQUIVALENT STATE OFFICER UNLESS THE STATE IS EXEMPT FROM THE FEDERAL REQUIREMENT TO RECEIVE AND MAINTAIN PAPER COPIES. YOU CAN VERIFY THE COMMISSION'S RECEIPT OF ANY DOCUMENTS SUBMITTED BY YOUR COMMITTEE ON THE FEC WEBSITE AT WWW.FEC.GOV.

THE FAILURE TO TIMELY FILE THIS REPORT MAY RESULT IN CIVIL MONEY PENALTIES, AN AUDIT OR LEGAL ENFORCEMENT ACTION. THE CIVIL MONEY PENALTY CALCULATION FOR LATE REPORTS DOES NOT INCLUDE A GRACE PERIOD AND BEGINS ON THE DAY FOLLOWING THE DUE DATE FOR THE REPORT. DUE TO HEIGHTENED SECURITY SCREENING MEASURES, DELIVERY OF MAIL BY THE US POSTAL SERVICE MAY BE DELAYED. THE COMMISSION RECOMMENDS THAT YOU SUBMIT YOUR REPORT VIA OVERNIGHT DELIVERY OR COURIER SERVICE.

IF YOU HAVE ANY QUESTIONS REGARDING THIS MATTER, PLEASE CONTACT DAVID GARR AT OUR TOLL FREE NUMBER (800)424-9530. OUR DIRECT LOCAL NUMBER IS (202)694-1130.

SINCERELY,

Debbie Chacona

DEBBIE CHACONA
ASSISTANT STAFF DIRECTOR
REPORTS ANALYSIS DIVISION (RAD)

11030660595

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED

2011 SEP 2 AM 11:56

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5 FEC MAIL CENTER

BAYPAC

ADDRESS (number and street) ▼

BOX 271082

Check if different than previously reported. (ACC)

TAMPA

FL

33688

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C00155713

3. IS THIS REPORT

NEW (N) OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(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)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)

(c) 12-Day PRE-Election Report for the:	Primary (12P)	General (12G)	Runoff (12R)
	Convention (12C)	Special (12S)	
Election on	M M / D D / Y Y Y Y		in the State of

July 31 Mid-Year Report (Non-election Year Only) (MY)

Termination Report (TER)

(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)
Election on	M M / D D / Y Y Y Y		in the State of

5. Covering Period **JAN 1, 2011** through **6/30/2011**

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 **HERB SWARZMAN**

Signature of Treasurer

Herb Swartzman

Date

8-27-11

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

BAIPAC

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="2720"/>	<input type="text" value="2720-"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2720-"/>	<input type="text" value="2720-"/>
(c) Total Receipts (from Line 19)	<input type="text" value="8050-"/>	<input type="text" value="8050-"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="10770-"/>	<input type="text" value="10770-"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0"/>	<input type="text" value="0"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="10770-"/>	<input type="text" value="10770-"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="/"/>	<input type="text" value="/"/>
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="/"/>	<input type="text" value="/"/>

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

11030660597

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

BAJPAC

Report Covering the Period: From:

M M / D D / Y Y Y Y Y Y
1 / 1 / 2011

To:

M M / D D / Y Y Y Y Y Y
6 / 30 / 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).....

8,050 -

8,050 -

(ii) Unitemized

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

8,050 -

8,050 -

(b) Political Party Committees

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)

8,050 -

8,050 -

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5)

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

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

8,050 -

8,050 -

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

8,050 -

8,050 -

11030660598

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....		
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).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees		
(b) Political Party Committees		
(c) Other Political Committees (such as PACs).....		
(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		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	0	0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0	0

11030660599

DETAILED SUMMARY PAGE
of Disbursements

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)	8,050 -	8,050 -
34. Total Contribution Refunds (from Line 28(d))		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8,050 -	8,050 -
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3)		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0	0

11030680600

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

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

FOR LINE NUMBER: PAGE 1 OF 6

(check only one)

<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)

BAYPAC

Full Name (Last, First, Middle Initial) A. TOBIN, LEE		Date of Receipt 4 / 22 / 2011
Mailing Address 639 RIVIERA DR		Amount of Each Receipt this Period 1,000 -
City Tampa	State Zip Code FLA 33606	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1,000 -
Name of Employer SELF	Occupation OWNER - PACKAGING CO.	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1,000 -	

Full Name (Last, First, Middle Initial) B. TAUB, BRIAN		Date of Receipt 4 / 22 / 2011
Mailing Address 1735 ABBEYS WAY		Amount of Each Receipt this Period 200 -
City TAMPA	State Zip Code FLA 33602	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 200 -
Name of Employer SELF	Occupation REAL ESTATE DEVELOPER	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 200 -	

Full Name (Last, First, Middle Initial) C. Solomon, Marty		Date of Receipt 4 / 22 / 2011
Mailing Address 4925 Bay Way Place		Amount of Each Receipt this Period 180 -
City Tampa	State Zip Code FLA 33629	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 180 -
Name of Employer SELF	Occupation ACCOUNTANT	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 180 -	

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

1,380 -

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

11030660601

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 2 OF 6

<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)

BAYPAC

A. Full Name (Last, First, Middle Initial)
 SWARZMAN, HERB
 Mailing Address
 4214 FAIRWAY RUN
 City Tampa State FLA Zip Code 33618
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED Occupation
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date 350-

Date of Receipt

MM	DD	YYYY
4	22	2011

Amount of Each Receipt this Period

Amount	350-
--------	------

B. Full Name (Last, First, Middle Initial)
 WAKSMAN, MIRIA
 Mailing Address
 7015 PELICAN ISLAND DR.
 City Tampa State FLA Zip Code 33634
 FEC ID number of contributing federal political committee. C
 Name of Employer RETIRED WIDOW Occupation
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date 400-

Date of Receipt

MM	DD	YYYY
4	22	2011

Amount of Each Receipt this Period

Amount	400-
--------	------

C. Full Name (Last, First, Middle Initial)
 LES BARNETT
 Mailing Address
 2805 BAY POINTS CIRCLE
 City TAMPA State FLA Zip Code 33611
 FEC ID number of contributing federal political committee. C
 Name of Employer BARNETT, BOB ET AL Occupation ATTORNEY
 Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date 250-

Date of Receipt

MM	DD	YYYY
4	22	2011

Amount of Each Receipt this Period

Amount	250-
--------	------

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

Amount	1,000-
--------	--------

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

Amount	2,380-
--------	--------

1103086602

**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 3 OF 6
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14
	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BAYPAC

A. Full Name (Last, First, Middle Initial)
BLUSTEIN, STEVEN

Mailing Address
4907 LYFORD CAY RD

City **Tampa** State **FLA** Zip Code **33629**

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

Name of Employer **SELF** Occupation **MEDICAL DOCTOR**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **360 -**

Date of Receipt
5 / 3 / 2011

Amount of Each Receipt this Period
360 -

B. Full Name (Last, First, Middle Initial)
FISHMAN, LARRY

Mailing Address
1120 ABBOTS WAY

City **Tampa** State **FLA** Zip Code **33602**

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

Name of Employer **SELF** Occupation **NEURO SURGEON**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500 -**

Date of Receipt
5 / 3 / 2011

Amount of Each Receipt this Period
500 -

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

Mailing Address
953 HARBOUR BAY DR.

City **Tampa** State **FLA** Zip Code **33602**

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

Name of Employer **SELF** Occupation **RESTAURANT BUSINESS**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250 -**

Date of Receipt
5 / 3 / 2011

Amount of Each Receipt this Period
250 -

SUBTOTAL of Receipts This Page (optional).....▶ **1110 -**

TOTAL This Period (last page this line number only).....▶ **3490 -**

1103066063

**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 4 OF 6	
	<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)
BAFPAAC

A. Full Name (Last, First, Middle Initial)
MARCADIS, ABE

Mailing Address
5127 W. SAN JOSE ST

City **Tampa** State **FLA** Zip Code **33629**

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
360 -

Date of Receipt
5 / 3 / 2011

Amount of Each Receipt this Period
360 -

B. Full Name (Last, First, Middle Initial)
COHN, DOUGLAS

Mailing Address
4616 SAN MIGUEL

City **Tampa** State **FLA** Zip Code **33629**

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

Name of Employer Occupation
OWNER Tampa Trans. Co.

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
700 -

Date of Receipt
5 / 3 / 2011

Amount of Each Receipt this Period
700 -

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

Mailing Address
2411 S. DUNDEE ST

City **Tampa** State **FLA** Zip Code **33629**

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

Name of Employer Occupation
SMP Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500 -

Date of Receipt
5 / 3 / 2011

Amount of Each Receipt this Period
500 -

SUBTOTAL of Receipts This Page (optional)..... ▶ **1560 -**

TOTAL This Period (last page this line number only)..... ▶ **5050 -**

11030660604

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 **3** OF **6**

<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)
BAYPAC

A. ENTUL, ROBERT

Full Name (Last, First, Middle Initial)
Mailing Address: **2471 JOHNSON COURT**
City: **Palm Harbor, Fla** State: Zip Code: **34685**

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

Name of Employer: **SME** Occupation: **medical DOCTOR**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **1,000 -**

Date of Receipt: **5 / 10 / 2011**

Amount of Each Receipt this Period: **1,000 -**

B. SEVI, Michael

Full Name (Last, First, Middle Initial)
Mailing Address: **100 North Tampa ST**
City: **Tampa, Fla** State: Zip Code: **33602**

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

Name of Employer: **DLA PAPER LLP** Occupation: **Attorney**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **250 -**

Date of Receipt: **5 / 10 / 2011**

Amount of Each Receipt this Period: **250 -**

C. GOODMAN, Elizabeth

Full Name (Last, First, Middle Initial)
Mailing Address: **701 W. AZEVEDO ST**
City: **Tampa** State: **FLA** Zip Code:

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

Name of Employer: **Consultant** Occupation: **Medical Insurance**

Receipt For: Primary General Other (specify) **Aggregate Year-to-Date** **1,000 -**

Date of Receipt: **5 / 10 / 2011**

Amount of Each Receipt this Period: **1,000 -**

SUBTOTAL of Receipts This Page (optional)..... **2,250 -**

TOTAL This Period (last page this line number only)..... **7,300 -**

11030660605

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

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

FOR LINE NUMBER: PAGE **6** OF **6**
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
BATPAC

A. Full Name (Last, First, Middle Initial)
SPAHN, CINDY
 Mailing Address
2835 SAFW HARBOUR DR.
 City **Tampa** State **FLA** Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
BOND BROKER
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
250 -

Date of Receipt
5 / 31 / 2011
 Amount of Each Receipt this Period
250 -

B. Full Name (Last, First, Middle Initial)
ZIEHAKA, CARL
 Mailing Address
3702 SWANN AVS
 City **Tampa** State **FLA** Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
RETIRED **POINTER**
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
500 -

Date of Receipt
3 / 31 / 2011
 Amount of Each Receipt this Period
500 -

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
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **750 -**
TOTAL This Period (last page this line number only).....▶ **8050 -**

11030660806

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.

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
8/29/11

USPS Registered/Certified Postmarked (R/C)

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business 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

Other (Specify): Date of Receipt or Postmarked

JMU
 PREPARER

9/2/11
 DATE PREPARED

11030660807