

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

ARTICLE II SUPER PAC

Report Covering the Period: From: **12 01 2011** To: **01 31 2012**

12030750596

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2011		0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19)	4,321.50	4,321.50
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	4,321.50	4,321.50
7. Total Disbursements (from Line 31)	3,949.00	3,949.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	372.50	372.50
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

ARTICLE II SUPER PAC

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 12 01 2011 To: ^{M M / D D / Y Y Y Y} 01 31 2012

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).....	4,321.50	4,321.50
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4,321.50	4,321.50
(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).....▶	4,321.50	4,321.50
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)).....▶	4,321.50	4,321.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4,321.50	4,321.50

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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	3,949.00	3,949.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	3,949.00	3,949.00
22. Transfers to Affiliated/Other Party Committee	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))..	3,949.00	3,949.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,949.00	3,949.00

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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)	4,321.50	4,321.50
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4,321.50	4,321.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	3,949.00	3,949.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	3,949.00	3,949.00

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**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) BASS, JR., HASKELL		Date of Receipt
Mailing Address 6823 S. FLORENCE AVE.		12 27 2011
City TULSA	State OK	Zip Code 74136
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 100.00
Name of Employer HHB LTD.	Occupation MANAGER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 100.00	

B. Full Name (Last, First, Middle Initial) CZERWIEC, NANCY		Date of Receipt
Mailing Address 10513 LONG AVE.		12 30 2011
City OAK LAWN	State IL	Zip Code 60453
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 25.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 25.00	

C. Full Name (Last, First, Middle Initial) DI VIETRO, VICTOR		Date of Receipt
Mailing Address - UNKNOWN -		12 27 2011
City	State	Zip Code
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 20.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 20.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 145.00
TOTAL This Period (last page this line number only).....▶	, ,

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

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. FERRANDO, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 12 28 2011
Mailing Address 9326 DUBARRY AVE.		Amount of Each Receipt this Period , , 25.00
City LANHAM	State Zip Code MD 20706	
FEC ID number of contributing federal political committee. C		
Name of Employer LIBRARY OF CONGRESS	Occupation PROGRAMMER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 25.00	

Full Name (Last, First, Middle Initial) B. GIOFFRE, ANTHONY		Date of Receipt M M / D D / Y Y Y Y 12 20 2011
Mailing Address 51 BENNETTS FARM RD.		Amount of Each Receipt this Period , , 50.00
City RIDGEFIELD	State Zip Code CT 06877	
FEC ID number of contributing federal political committee. C		
Name of Employer NOVAMONT N. AMERICA	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 50.00	

Full Name (Last, First, Middle Initial) C. GRANADOS, SHARON		Date of Receipt M M / D D / Y Y Y Y 12 21 2011
Mailing Address 102 PINEHURST GREEN WAY		Amount of Each Receipt this Period , , 25.00
City GREENVILLE	State Zip Code SC 29609	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 100.00
TOTAL This Period (last page this line number only).....▶	, ,

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

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NAME OF COMMITTEE (In Full)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) GUTMAN, ROBERT & LAURA		Date of Receipt M M / D D / Y Y Y Y 12 27 2011
Mailing Address 310 WATTS ST.		Amount of Each Receipt this Period , , 100.00
City DURHAM	State Zip Code NC 27701	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 100.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 100.00	

B. Full Name (Last, First, Middle Initial) HOEHN, PAULA		Date of Receipt M M / D D / Y Y Y Y 12 21 2011
Mailing Address 63021 CROWN POINT RD.		Amount of Each Receipt this Period , , 20.00
City COOS BAY	State Zip Code OR 97420	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 20.00
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 20.00	

C. Full Name (Last, First, Middle Initial) KERCHNER, CHARLES		Date of Receipt M M / D D / Y Y Y Y 12 19 2011
Mailing Address 3765 CHRIS DRIVE		Amount of Each Receipt this Period , , 100.00
City EMMAUS	State Zip Code PA 18049	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 100.00
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 220.00
TOTAL This Period (last page this line number only).....▶	, ,

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE		OF
	(check only one)				
	<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LEE, WILLIAM		Date of Receipt M M / D D / Y Y Y Y 12 29 2011
Mailing Address 1411 HIDDEN BLUFF WAY		Amount of Each Receipt this Period , , 10.00
City	State Zip Code SNEELVILLE GA 30039	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 10.00	

Full Name (Last, First, Middle Initial) B. MILLER, GEORGE		Date of Receipt M M / D D / Y Y Y Y 12 12 2011
Mailing Address 2041 JAMESTOWN WAY		Amount of Each Receipt this Period , , 100.00
City	State Zip Code OXNARD CA	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 100.00	

Full Name (Last, First, Middle Initial) C. MILLER, MICHAEL		Date of Receipt M M / D D / Y Y Y Y 12 27 2011
Mailing Address 34 CARROLLWOOD DRIVE		Amount of Each Receipt this Period , , 200.00
City	State Zip Code TARRYTOWN NY 10591	
FEC ID number of contributing federal political committee. C		
Name of Employer CITY OF YONKERS	Occupation FIRE LT.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 310.00
TOTAL This Period (last page this line number only).....▶	, , .

12030750603

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

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NAME OF COMMITTEE (In Full)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) PRUETER, ANN		Date of Receipt M M / D D / Y Y Y Y 12 01 2011
Mailing Address 26590 GREENVILLE DRIVE		Amount of Each Receipt this Period , 500.00
City PERRYSBURG	State OH	
Zip Code 43557		Amount of Each Receipt this Period , 500.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation PRESIDENT	Amount of Each Receipt this Period , 500.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 500.00	

B. Full Name (Last, First, Middle Initial) RICOTTA, KANDY		Date of Receipt M M / D D / Y Y Y Y 12 20 2011
Mailing Address 29860 N. 77th PLACE		Amount of Each Receipt this Period , 250.00
City SCOTTSDALE	State AZ	
Zip Code 85266		Amount of Each Receipt this Period , 250.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED RN	Amount of Each Receipt this Period , 250.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 250.00	

C. Full Name (Last, First, Middle Initial) SHEA, ELIZABETH		Date of Receipt M M / D D / Y Y Y Y 12 27 2011
Mailing Address 5504 SANIBEL DRIVE		Amount of Each Receipt this Period , 20.00
City MINNETONKA	State MN	
Zip Code 55343		Amount of Each Receipt this Period , 20.00
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	Amount of Each Receipt this Period , 20.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , 20.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 770.00
TOTAL This Period (last page this line number only).....▶	, ,

12030750604

**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) LANSEY, HELEN		Date of Receipt M M / D D / Y Y Y Y 12 14 2012
Mailing Address 3625 PINEBROOK DRIVE		Amount of Each Receipt this Period , , 10.00
City RICHMOND	State Zip Code VA 23225	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation PRESIDENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 10.00	

B. Full Name (Last, First, Middle Initial) WENGER, CARL		Date of Receipt M M / D D / Y Y Y Y 12 20 2011
Mailing Address 526 HODDINGS CIRCLE		Amount of Each Receipt this Period , , 100.00
City ARNDL	State Zip Code MD 21012	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 100.00	

C. Full Name (Last, First, Middle Initial) WILMOTT, HARRY & PHYLLIS		Date of Receipt M M / D D / Y Y Y Y 12 15 2011
Mailing Address 540 VEREDA PARQUE		Amount of Each Receipt this Period , , 200.00
City GOLETA	State Zip Code CA 93117	
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 200.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 310.00
TOTAL This Period (last page this line number only).....▶ DECEMBER 2011	, , 1,855.00

12030750605

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

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NAME OF COMMITTEE (In Full)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. ANONYMOUS		Date of Receipt M M / D D / Y Y Y Y 01 24 2012
Mailing Address		Amount of Each Receipt this Period 12.00
City	State Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 12.00
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12.00	

Full Name (Last, First, Middle Initial) B. BARCHFELD, TOM		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 1 GLEN ELM DRIVE APT. 11		Amount of Each Receipt this Period 250.00
City	State Zip Code PITTSBURGH PA 15236-4808	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 250.00
Name of Employer LEGACY LANES, INC.	Occupation CLEANING CREW	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. BEAVERS, ROY		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 3730 CADBURY CIRCLE APT. 421		Amount of Each Receipt this Period 100.00
City	State Zip Code VENICE FL 34293	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer	Occupation RETIRED U.S. NAVY	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

SUBTOTAL of Receipts This Page (optional).....▶	362.00
TOTAL This Period (last page this line number only).....▶	

12030750606

**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 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)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BENTLEY, LINDA		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 5926 E. BLUE RIDGE DRIVE		Amount of Each Receipt this Period 10.00
City CAVE CREEK	State Zip Code AZ 85331-8804	
FEC ID number of contributing federal political committee. C		
Name of Employer SONDRAN NEWS	Occupation REPORTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) B. BERRY, PATRICIA		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 7513 CLAYTON DRIVE		Amount of Each Receipt this Period 25.00
City OKLAHOMA CITY	State Zip Code OK 73132	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation SPEECH PATHOLOGIST	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

Full Name (Last, First, Middle Initial) C. BRANNON, DENNIS		Date of Receipt M M / D D / Y Y Y Y 01 18 2012
Mailing Address P.O. BOX 806		Amount of Each Receipt this Period 50.00
City FAYETTEVILLE	State Zip Code GA 30214	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation CPA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

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

85.00

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

12030750607

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

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>
<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>
<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>
<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>
<input type="checkbox"/>	17			

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. BRINK, BARBARA		Date of Receipt M M / D D / Y Y Y Y 01 / 07 / 2012
Mailing Address 28 QUARRY KNLS		Amount of Each Receipt this Period 20.00
City GREENWICH	State CT	
Zip Code 06830-6736		
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation DOMESTIC	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 20.00	

Full Name (Last, First, Middle Initial) B. CICCONE, JOSEPH		Date of Receipt M M / D D / Y Y Y Y 01 / 05 / 2012
Mailing Address 413 LAKEWOOD ROAD		Amount of Each Receipt this Period 10.00
City NEPTUNE	State NJ	
Zip Code 07753		
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

Full Name (Last, First, Middle Initial) C. DANIELS, SUSAN		Date of Receipt M M / D D / Y Y Y Y 01 / 04 / 2012
Mailing Address 9754 THWING ROAD		Amount of Each Receipt this Period 50.00
City CHARDON	State OH	
Zip Code 44024		
FEC ID number of contributing federal political committee. C		
Name of Employer SUSAN DANIELS & ASSOC.	Occupation PRIVATE INVESTIGATOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50.00	

SUBTOTAL of Receipts This Page (optional).....▶	80.00
TOTAL This Period (last page this line number only).....▶	

12030750608

**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) FLAHERTY, THOMAS			Date of Receipt
Mailing Address 208 WAYNE TERR.			01 05 2012
City COLLINGSWOOD	State NJ	Zip Code 08108	Amount of Each Receipt this Period , , 25.00
FEC ID number of contributing federal political committee. C			
Name of Employer A NEW DAY COUNSELING		Occupation COUNSELOR	Amount of Each Receipt this Period , , 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 25.00	

B. Full Name (Last, First, Middle Initial) HARNAGEL, PAMELA			Date of Receipt
Mailing Address 6975 HARNAGEL COURT			01 04 2012
City AUBURN	State CA	Zip Code 95602	Amount of Each Receipt this Period , , 100.00
FEC ID number of contributing federal political committee. C			
Name of Employer SELF		Occupation OWNER	Amount of Each Receipt this Period , , 100.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 100.00	

C. Full Name (Last, First, Middle Initial) HONG, LYNDON			Date of Receipt
Mailing Address 67-41 BURNS ST. APT. 614			01 04 2012
City FOREST HILLS	State NY	Zip Code 11375	Amount of Each Receipt this Period , , 10.00
FEC ID number of contributing federal political committee. C			
Name of Employer CAFE FIDRELLS		Occupation WAITER	Amount of Each Receipt this Period , , 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 10.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 135.00
TOTAL This Period (last page this line number only).....▶	, ,

12030750609

**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. LACONIS, GARY			Date of Receipt
Mailing Address 1500 MAGNOLIA LANE			01 / 24 / 2012
City KINGWOOD	State TX	Zip Code 77339	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			, 1,000.00
Name of Employer SELF		Occupation BUSINESSMAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 1,000.00	

Full Name (Last, First, Middle Initial) B. MARSHALL, THOMAS			Date of Receipt
Mailing Address 1734 FOXTAIL LANE			01 / 17 / 2012
City KINGSPORT	State TN	Zip Code 37660	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			, , 25.00
Name of Employer RETIRED		Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 25.00	

Full Name (Last, First, Middle Initial) C. MAY, MICHAEL J.			Date of Receipt
Mailing Address 195 CARMELITE AVE. NW			01 / 04 / 2012
City PALM BAY	State FL	Zip Code 32907	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C			, , 5.00
Name of Employer BREVARD COUNTY		Occupation ELECTIONS SUPVR.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , , 5.00	

SUBTOTAL of Receipts This Page (optional).....▶	, 1,030.00
TOTAL This Period (last page this line number only).....▶	, ,

12030750610

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

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

FOR LINE NUMBER:		PAGE		OF
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) McCALLISTER, THOMAS		Date of Receipt
Mailing Address 78 PANCOAST ROAD		M M / D D / Y Y Y Y 01 11 2012
City WARETOWN	State NJ.	Zip Code 08758
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer NIA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 25.00	

B. Full Name (Last, First, Middle Initial) MENDOCHA, JACK		Date of Receipt
Mailing Address 1411 ONAGON BEACH		M M / D D / Y Y Y Y 01 24 2012
City BATTLE CREEK	State MI	Zip Code 49014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 100.00
Name of Employer NIA	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 100.00	

C. Full Name (Last, First, Middle Initial) MERTZ, JACK R.		Date of Receipt
Mailing Address 3353 ATWELL AVE.		M M / D D / Y Y Y Y 01 04 2012
City LADY LAKE	State FL	Zip Code 32162
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 10.00
Name of Employer RETIRED	Occupation SELF	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10.00	

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

135.00

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

12030750611

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

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NAME OF COMMITTEE (in Full)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. MORSE, CHRIS G.		Date of Receipt 01 / 18 / 2012
Mailing Address P.O. BOX 758 174 PATTEE HILL		Amount of Each Receipt this Period , , 50.00
City ROAD GOFFSTOWN	State Zip Code NH 03045	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 50.00
Name of Employer N/A	Occupation DISABLED VET.	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 50.00	

Full Name (Last, First, Middle Initial) B. OTTERMAN, ROY		Date of Receipt 01 / 06 / 2012
Mailing Address 334 N. ELM ST.		Amount of Each Receipt this Period , , 5.00
City BUTLER	State Zip Code PA 16001	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 5.00
Name of Employer N/A	Occupation DISABLED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 5.00	

Full Name (Last, First, Middle Initial) C. RAZZANO, GABRIEL R.		Date of Receipt 01 / 17 / 2012
Mailing Address 135 GORDON PL.		Amount of Each Receipt this Period , , 104.50
City FREERPORT	State Zip Code NY 11520	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period , , 104.50
Name of Employer SELF	Occupation CARPENTER	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 104.50	

SUBTOTAL of Receipts This Page (optional).....▶	, , 159.50
TOTAL This Period (last page this line number only).....▶	, ,

12030750612

**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. RESSEGUIE, CHARLES		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 4254 STATE HWY 23		Amount of Each Receipt this Period , , 50.00
City NORWICH	State Zip Code NY 13815	
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation CERAMIC TILE CONTRACTOR	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 50.00	

Full Name (Last, First, Middle Initial) B. RESTO, FERDINAND		Date of Receipt M M / D D / Y Y Y Y 01 06 2012
Mailing Address 36 MADELINE AVE. APT. 1		Amount of Each Receipt this Period , , 10.00
City CLIFTON	State Zip Code NJ 07011	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation LAW ENFORCEMENT	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 10.00	

Full Name (Last, First, Middle Initial) C. SEIF, JAMES		Date of Receipt M M / D D / Y Y Y Y 01 05 2012
Mailing Address 1741 MAJORCA DR.		Amount of Each Receipt this Period , , 10.00
City TUBA CITY	State Zip Code CA 95993	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation RETIRED	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 10.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 70.00
TOTAL This Period (last page this line number only).....▶	, ,

12030750613

**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial) SHERARD, ROBERT		Date of Receipt M M / D D / Y Y Y Y 01 27 2012
Mailing Address 970 SAVANNAH ST.		Amount of Each Receipt this Period , , 10.00
City CALHDON FALLS	State SC	
Zip Code 29628		Amount of Each Receipt this Period , , 10.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation RANCHER	Amount of Each Receipt this Period , , 10.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 10.00	

B. Full Name (Last, First, Middle Initial) STOLTE, JOHN		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 11006 BOOTH AVE.		Amount of Each Receipt this Period , , 25.00
City KANSAS CITY	State MO	
Zip Code 64134		Amount of Each Receipt this Period , , 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer N/A	Occupation RETIRED	Amount of Each Receipt this Period , , 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 25.00	

C. Full Name (Last, First, Middle Initial) TURNER, NEIL		Date of Receipt M M / D D / Y Y Y Y 01 04 2012
Mailing Address 2299 BRYANT DRIVE		Amount of Each Receipt this Period , , 25.00
City CARLSBAD	State CA	
Zip Code 92008		Amount of Each Receipt this Period , , 25.00
FEC ID number of contributing federal political committee. C		
Name of Employer SELF	Occupation MARKETING	Amount of Each Receipt this Period , , 25.00
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ , , 25.00	

SUBTOTAL of Receipts This Page (optional).....▶	, , 60.00
TOTAL This Period (last page this line number only).....▶	, , .

12030750614

**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 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)
ARTICLE II SUPER POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. WILMOTT, GARY			Date of Receipt
Mailing Address 465 PARKVIEW CT.			M M / D D / Y Y Y Y 01 03 2012
City SIMI VALLEY	State CA	Zip Code 93065	Amount of Each Receipt this Period , 150.00
FEC ID number of contributing federal political committee. C		Name of Employer LEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 150.00	

Full Name (Last, First, Middle Initial) B. WILMOTT, GARY			Date of Receipt
Mailing Address 465 PARKVIEW CT.			M M / D D / Y Y Y Y
City SIMI VALLEY	State CA	Zip Code 93065	Amount of Each Receipt this Period , 200.00
FEC ID number of contributing federal political committee. C		Name of Employer LEGAL	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ , 350.00	

Full Name (Last, First, Middle Initial) C.			Date of Receipt
Mailing Address			M M / D D / Y Y Y Y
City	State	Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee. C		Name of Employer	
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).....▶	, 350.00
TOTAL This Period (last page this line number only)..... JANUARY 2012 ▶	, 2466.50

12030750615

**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 OF

<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 type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
ARTICLE II SUPER PAC

A. CITRIX

Full Name (Last, First, Middle Initial)

Date of Disbursement: 12/01/2011

Mailing Address: 4988 GREAT AMERICA PKWY

City: SANTA CLARA State: CA Zip Code: 95054

Purpose of Disbursement: TELECONFERENCING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 49.00

Category/Type

B. CITRIX

Full Name (Last, First, Middle Initial)

Date of Disbursement: 01/01/2012

Mailing Address: 4988 GREAT AMERICA PKWY.

City: SANTA CLARA State: CA Zip Code: 95054

Purpose of Disbursement: TELECONFERENCING SERVICES

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 49.00

Category/Type

C. DALEY PRINT & WEB SOLUTIONS

Full Name (Last, First, Middle Initial)

Date of Disbursement: 12/15/2011

Mailing Address: P.O. B. 402

City: MONTGOMERY State: NY Zip Code: 12549

Purpose of Disbursement: WEB DESIGN

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Amount of Each Disbursement this Period: 549.00

Category/Type

SUBTOTAL of Disbursements This Page (optional) ▶ 647.00

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

12030750616

**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 OF

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

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A. DAY PASS WIRELESS

Date of Disbursement

Mailing Address

2316 25th AVE COURT NE

01 / 25 / 2012

City

HICKORY

State

NC

Zip Code

28601

Purpose of Disbursement

MI-FI

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

47.73

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

B. FED EX

Date of Disbursement

Mailing Address

12 / 13 / 2011

City

State

Zip Code

Purpose of Disbursement

SHIPPING

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

22.80

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C. GO DADDY

Date of Disbursement

Mailing Address

14455 N. HAYDEN RD. STE. 226

11 / 21 / 2011

City

SCOTTSDALE

State

AZ

Zip Code

85260

Purpose of Disbursement

WEB DOMAIN REGISTRATION

Amount of Each Disbursement this Period

Candidate Name

Category/
Type

29.51

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

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

100.04

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

12030750617

**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 OF

<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 type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A. GO DADDY		Date of Disbursement
Mailing Address 14455 N. HAYDEN RD. STE. 226		12 / 09 / 2011
City	State	Zip Code
SCOTTSDALE	AZ	85260
Purpose of Disbursement WEB DOMAIN REGISTRATION		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		29.51
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

B. GO DADDY		Date of Disbursement
Mailing Address 14455 N. HAYDEN RD. STE. 226		12 / 12 / 2011
City	State	Zip Code
SCOTTSDALE	AZ	85260
Purpose of Disbursement WEB DOMAIN REGISTRATION		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		41.67
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

C. GO DADDY		Date of Disbursement
Mailing Address 14455 N. HAYDEN RD. STE. 226		12 / 14 / 2011
City	State	Zip Code
SCOTTSDALE	AZ	85260
Purpose of Disbursement WEB DOMAIN REGISTRATION		Amount of Each Disbursement this Period
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		49.42
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State:	District:	

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

120.60

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

12030750618

**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 OF

<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 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)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A. MULTI-MEDIA PROS		Date of Disbursement
Mailing Address P.O. BOX 1017		01 24 2012
City SAUGUS	State MA	Zip Code 01906
Purpose of Disbursement LIVESTREAM SERVICES	Candidate Name	Amount of Each Disbursement this Period
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) ▼	599.00
State: _____ District: _____	Category/Type	

B. MULTI-MEDIA PROS		Date of Disbursement
Mailing Address P.O. BOX 1017		01 25 2012
City SAUGUS	State MA	Zip Code 01906
Purpose of Disbursement LIVESTREAM SERVICES	Candidate Name	Amount of Each Disbursement this Period
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) ▼	450.00
State: _____ District: _____	Category/Type	

C. MULTI-MEDIA PROS		Date of Disbursement
Mailing Address P.O. BOX 1017		01 27 2012
City SAUGUS	State MA	Zip Code 01906
Purpose of Disbursement LIVESTREAM SERVICES	Candidate Name	Amount of Each Disbursement this Period
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) ▼	1,045.00
State: _____ District: _____	Category/Type	

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

2,094.00

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

12030750619

**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 OF

<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 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)

ARTICLE II SUPER PAC

Full Name (Last, First, Middle Initial)

A. PIRYX

Mailing Address

144 2ND. ST. 1ST. FLOOR

City

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 / 2011

Amount of Each Disbursement this Period

31.73

Full Name (Last, First, Middle Initial)

B. PIRYX

Mailing Address

144 2ND. ST. 1ST. FLOOR

City

SAN FRANCISCO CA 94105

Purpose of Disbursement

ONLINE TRANSACTION FEES

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

01 / 2012

Amount of Each Disbursement this Period

51.77

Full Name (Last, First, Middle Initial)

C. USPS (U.S. POSTAL SERVICE)

Mailing Address

City

State

Zip Code

Purpose of Disbursement

P.O. BOX RENTAL

Candidate Name

Category/
Type

Office Sought:

House
 Senate
 President

Disbursement For:

Primary General
 Other (specify) ▼

State:

District:

Date of Disbursement

12 / 20 / 2011

Amount of Each Disbursement this Period

29.00

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

112.50

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

3074.14

12030750620

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE	OF
	FOR LINE 13 OF FORM 3X	

NAME OF COMMITTEE (In Full)
ARTICLE II SUPER PAC

LOAN SOURCE Full Name (Last, First, Middle Initial)	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address	
City State ZIP Code	

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

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)	<input type="checkbox"/> Yes <input type="checkbox"/> 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)	▶
TOTALS This Period (last page in this line only)	▶
Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.	

12030750621

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

Federal Election Commission, Washington, D.C. 20463

Supplementary for
 Information found on
 Page ____ of Schedule C

NAME OF COMMITTEE (In Full) <div style="font-size: 1.2em; font-family: cursive;">ARTICLE II SUPER PAC</div>		FEC IDENTIFICATION NUMBER <div style="font-size: 1.2em; font-family: cursive;">C 00507533</div>	
LENDING INSTITUTION (LENDER) Full Name	Amount of Loan	Interest Rate (APR) _____ %	
Mailing Address	Date Incurred or Established M M / D D / Y Y Y Y		Date Due M M / D D / Y Y Y Y
City State Zip Code	A. Has loan been restructured? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, date originally incurred		
B. If line of credit, Amount of this Draw:		Total Outstanding Balance:	
C. Are other parties secondarily liable for the debt incurred? <input type="checkbox"/> No <input type="checkbox"/> 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? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, specify:		What is the value of this collateral? Does the lender have a perfected security interest in it? <input type="checkbox"/> No <input type="checkbox"/> Yes	
E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan? <input type="checkbox"/> No <input type="checkbox"/> 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). Date account established:		Location of account: 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 Signature		DATE M M / D D / Y Y Y Y	
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 Signature		DATE M M / D D / Y Y Y Y	
Title		_____	

12030750622

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
ARTICLE II SUPER PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period	Payment This Period	Outstanding Balance at Close of This Period
Amount Incurred This Period		

1) SUBTOTALS This Period This Page (optional)..... ▶	
2) TOTALS This Period (last page this line number only)..... ▶	
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	

12030750623

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

NAME OF COMMITTEE (In Full)

ARTICLE II SUPER PAC

FEC IDENTIFICATION NUMBER ▼

000507533

Check if 24-hour report 48-hour report New report Amends report filed on

MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary

General

Other (specify) ▶ _____

Full Name (Last, First, Middle Initial) of Payee

Date

Mailing Address

MM / DD / YYYY

City

State

Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:

House

State: _____

Senate

District: _____

President

Check One:

Support

Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

Calendar Year-To-Date Per Election
for Office Sought

Disbursement For:

Primary

General

Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

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.

Signature _____

Date

MM / DD / YYYY

12030750624

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)

PAGE	OF
FOR LINE 25 OF FORM 3X	

NAME OF COMMITTEE (In Full)
ARTICLE II SUPER PAC

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House State: Senate District: Presidential	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House State: Senate District: Presidential	Aggregate General Election Expenditure for this Candidate ▶	
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/Type
Mailing Address	Date	M M / D D / Y Y Y Y
City State Zip Code	Amount	
Name of Federal Candidate Supported Office Sought: House State: Senate District: Presidential	Aggregate General Election Expenditure for this Candidate ▶	

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

12030750625

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)

USE ONLY ONE SECTION, A or B

A. State and Local Party Committees

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

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

12030750626

SCHEDULE H2 (FEC Form 3X)

ALLOCATION RATIOS

PAGE OF

NAME OF COMMITTEE (In Full)

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.

ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %
ACTIVITY OR EVENT IDENTIFIER <hr/> ACTIVITY IS: <input type="checkbox"/> Fundraising <input type="checkbox"/> Direct Candidate Support CHECK IF THE RATIO IS: <input type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Same as Previously Reported	FEDERAL % _____ %	NONFEDERAL % _____ %

12030750627

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

NAME OF COMMITTEE (In Full)

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

BREAKDOWN OF TRANSFER RECEIVED

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

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED

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

12030750628

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

NAME OF COMMITTEE (In Full)

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

Mailing Address

City State Zip Code

Purpose of Disbursement:

Activity or Event Identifier:

Category/Type

Allocated Activity or Event:
 Administrative Fundraising Exempt
 Voter Drive Direct Candidate Support
 Public Comm (ref to party only) by PAC

Allocated Activity or Event Year-To-Date

Date M M / D D / Y Y Y Y

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

SUBTOTAL of Allocated Federal and NonFederal Activity This Page

FEDERAL SHARE + NONFEDERAL SHARE = TOTAL AMOUNT

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

12030750629

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 OF
FOR LINE 18b OF FORM 3X

NAME OF COMMITTEE (In Full)

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

BREAKDOWN OF THIS TRANSFER

- 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.....

VOTER REGISTRATION

VOTER ID

GOTV

GENERIC CAMPAIGN ACTIVITY

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

BREAKDOWN OF THIS TRANSFER

- 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.....

VOTER REGISTRATION

VOTER ID

GOTV

GENERIC CAMPAIGN ACTIVITY

TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)

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

12030750630

**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)

A. 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
Purpose of Disbursement	Category/ Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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
Purpose of Disbursement	Category/ Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

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
Purpose of Disbursement	Category/ Type	Date	

FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
---------------	---	-------------	---	--------------

SUBTOTAL of Shared Federal and Levin Activity This Page				
FEDERAL SHARE	+	LEVIN SHARE	=	TOTAL AMOUNT
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
TOTAL This Period for the Levin Share				

12030750631

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

NAME OF COMMITTEE (In Full)

NAME OF ACCOUNT

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

12030750632

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

Use separate schedule(s) for each category of the Aggregation Page	PAGE	OF
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 1a

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)

A.	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
	City State Zip Code	Aggregate Year-to-Date
	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
	City State Zip Code	Aggregate Year-to-Date
	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
	City State Zip Code	Aggregate Year-to-Date
	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
	City State Zip Code	Aggregate Year-to-Date
	Name of Employer or Principal Place of Business	
	Occupation	

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

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

12030750633

**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: (check only one)	PAGE	OF
	<input type="checkbox"/> 4a <input type="checkbox"/> 4b	<input type="checkbox"/> 4c <input type="checkbox"/> 4d	<input type="checkbox"/> 5

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NAME OF COMMITTEE (In Full)

A. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	M M / D D / Y Y Y Y
Mailing Address	

City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

B. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	M M / D D / Y Y Y Y
Mailing Address	

City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

C. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	M M / D D / Y Y Y Y
Mailing Address	

City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

D. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	M M / D D / Y Y Y Y
Mailing Address	

City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

E. Full Name (Last, First, Middle Initial) / Full Organization Name	Date of Disbursement
	M M / D D / Y Y Y Y
Mailing Address	

City State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement	

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

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

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12/29/12

PREPARER

DATE PREPARED

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