

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS
For Other Than An Authorized Committee

RECEIVED

2012 JAN 8 AM 11:11

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

TRIPLE CROWN PROJECT INC

ADDRESS (number and street) 5729 LEBANON RD

Check if different than previously reported. (ACC)

SITE 144

FRESNO TX 95034

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

C 00501619

3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

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

Termination Report (TER)

(b) Monthly Report Due On: Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only) Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)

(c) 12-Day PRE-Election Report for the: Primary (12P) General (12G) Runoff (12R) Convention (12C) Special (12S)

Election on M M / D D / Y Y Y Y in the State of

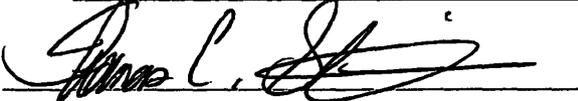
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)

Election on M M / D D / Y Y Y Y in the State of

5. Covering Period 08 27 2011 through 12 31 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 Thomas C. Smith

Signature of Treasurer 

Date 01 30 2012

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							
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FEC FORM 3X Rev. 12/2004

12030723628

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Triple Crown Project, Inc

Report Covering the Period: From: 08 27 2011 To: 12 31 2011

12030723629

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <u>2011</u>	0.00	0.00
(b) Cash on Hand at Beginning of Reporting Period.....	0.00	
(c) Total Receipts (from Line 19).....	10,000.00	10,000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	10,000.00	10,000.00
7. Total Disbursements (from Line 31).....	9,465.67	9,465.67
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	534.33	534.33
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

Triple Crown Project, Inc.

Report Covering the Period: From: *08' 27' 2011*

To: *12' 31' 2011*

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

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).....	10,000.00	10,000.00
(ii) Unitemized.....		
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	10,000.00	10,000.00
(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).....▶	10,000.00	10,000.00
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)).....▶	10,000.00	10,000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶		

12030723630

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	9,465.67	9,465.67
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	9,465.67	9,465.67
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
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)).....		
29. Other Disbursements		
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)).....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	9,465.67	9,465.67
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	9,465.67	9,465.67

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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)	10,000.00	10,000.00
34. Total Contribution Refunds (from Line 29(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10,000.00	10,000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	94,656.67	94,656.67
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	94,656.67	94,656.67

12030723632

**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 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)
Triple Crown Project, Inc.

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

Mailing Address
901 Marquette Avenue, Ste. 2730

City *Minneapolis* State *MN* Zip Code *55402*

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

Name of Employer *Retired* Occupation *Retired*

Receipt For:
 Primary General
 Other (specify) Aggregate Year-to-Date ▼
10,000.00

Date of Receipt
08 / 27 / 2011

Amount of Each Receipt this Period
10,000.00

B. 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

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).....▶	<i>10,000.00</i>
TOTAL This Period (last page this line number only).....▶	<i>10,000.00</i>

12030723633

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)										
	<input checked="" 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

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NAME OF COMMITTEE (In Full)
Triple Crown Project, Inc.

A. Full Name (Last, First, Middle Initial) <i>Heady, Michael</i>		Date of Disbursement <i>08 27 2011</i>
Mailing Address <i>3000 Iroquois Dr.</i>		Amount of Each Disbursement this Period <i>1,000.00</i>
City <i>Thompsons Station</i>	State <i>TN</i>	
Zip Code <i>37179</i>		Category/Type
Purpose of Disbursement <i>Travel expenses</i>		
Candidate Name		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) ▼		
State:	District:	

B. Full Name (Last, First, Middle Initial) <i>Mosaic Strategies, LLC</i>		Date of Disbursement <i>08 27 2011</i>
Mailing Address <i>506 Windingway Rd.</i>		Amount of Each Disbursement this Period <i>1,000.00</i>
City <i>Lynchburg</i>	State <i>VA</i>	
Zip Code <i>24502</i>		Category/Type
Purpose of Disbursement <i>Consulting, Research Services</i>		
Candidate Name		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) ▼		
State:	District:	

C. Full Name (Last, First, Middle Initial) <i>Smith, Thomas C.</i>		Date of Disbursement <i>08 29 2011</i>
Mailing Address <i>12013 Creek Point Drive</i>		Amount of Each Disbursement this Period <i>1,251.55</i>
City <i>Frisco</i>	State <i>TX</i>	
Zip Code <i>75035</i>		Category/Type
Purpose of Disbursement <i>Reimb. Travel, Admin. Expenses</i>		
Candidate Name		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) ▼		
State:	District:	

SUBTOTAL of Disbursements This Page (optional).....	<i>3,251.55</i>
TOTAL This Period (last page this line number only).....	

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**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 2 OF 4

<input checked="" 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)
Triple Crown Project, Inc.

Full Name (Last, First, Middle Initial)

A. <i>Christina Botteri</i>		Date of Disbursement
Mailing Address <i>5320 Clipper Court</i>		<i>09 03 2011</i>
City <i>Rocklin</i>	State <i>CA</i>	Zip Code <i>95765</i>
Purpose of Disbursement <i>Website Development</i>	Amount of Each Disbursement this Period	
Candidate Name	<i>1000.00</i>	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

B. <i>Leahy, Michael</i>		Date of Disbursement
Mailing Address <i>3000 Froquois Dr.</i>		<i>09 13 2011</i>
City <i>Thompsons Station</i>	State <i>TN</i>	Zip Code <i>24502</i>
Purpose of Disbursement <i>Reimb. Travel</i>	Amount of Each Disbursement this Period	
Candidate Name	<i>451.36</i>	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

C. <i>Leahy, Michael</i>		Date of Disbursement
Mailing Address <i>3000 Froquois Dr.</i>		<i>09 13 2011</i>
City <i>Thompsons Station</i>	State <i>TN</i>	Zip Code <i>24502</i>
Purpose of Disbursement <i>Reimb. Travel</i>	Amount of Each Disbursement this Period	
Candidate Name	<i>800.00</i>	
Office Sought: House Senate President	Disbursement For: Primary General Other (specify) ▼	
State: District:		

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

2251.36

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

12030723635

**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 3 OF 4

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

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NAME OF COMMITTEE (In Full)
Triple Crown Project, Inc.

Full Name (Last, First, Middle Initial) A. <i>Medina, Loric</i>		Date of Disbursement <i>09 16 2011</i>	
Mailing Address <i>4308 Shamrock Dr.</i>		Amount of Each Disbursement this Period <i>2142.00</i>	
City <i>Frisco</i>	State <i>TX</i>		Zip Code <i>75034</i>
Purpose of Disbursement <i>Reimb. Travel</i>	Category/ Type		
Candidate Name	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. <i>Smith, Thomas L.</i>		Date of Disbursement <i>09 16 2011</i>	
Mailing Address <i>12013 Creek Point Drive</i>		Amount of Each Disbursement this Period <i>400.00</i>	
City <i>Frisco</i>	State <i>TX</i>		Zip Code <i>75035</i>
Purpose of Disbursement <i>Leagl expenscs</i>	Category/ Type		
Candidate Name	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. <i>Medina, Loric</i>		Date of Disbursement <i>10 11 2011</i>	
Mailing Address <i>4308 Shamrock Dr.</i>		Amount of Each Disbursement this Period <i>606.02</i>	
City <i>Frisco</i>	State <i>TX</i>		Zip Code <i>75034</i>
Purpose of Disbursement <i>Reimb. Travel</i>	Category/ Type		
Candidate Name	Office Sought: House Senate President Disbursement For: Primary General Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional).....▶	<i>3148.02</i>
TOTAL This Period (last page this line number only).....▶	

12030723636

**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 4 OF 4

<input checked="" 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)

Triple Crown Project, Inc.

Full Name (Last, First, Middle Initial)

A. <i>Medina, Loric</i>		Date of Disbursement
Mailing Address <i>4308 Shamrock Dr.</i>		<i>10 11 2011</i>
City <i>Frisco</i>	State <i>TX</i>	Zip Code <i>75034</i>
Purpose of Disbursement <i>Reimb. Travel</i>	Candidate Name	Amount of Each Disbursement this Period <i>514.74</i>
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Category/Type
State: District:		

B. <i>Leahy, Michael</i>		Date of Disbursement
Mailing Address <i>3000 Troquois Dr.</i>		<i>10 11 2011</i>
City <i>Thompsons Station</i>	State <i>TN</i>	Zip Code <i>374502</i>
Purpose of Disbursement <i>Reimb. Travel</i>	Candidate Name	Amount of Each Disbursement this Period <i>300.00</i>
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Category/Type
State: District:		

C.		Date of Disbursement
Mailing Address		
City	State	Zip Code
Purpose of Disbursement	Candidate Name	Amount of Each Disbursement this Period
Office Sought: House <input type="checkbox"/> Senate <input type="checkbox"/> President <input type="checkbox"/>	Disbursement For: Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) <input type="checkbox"/>	Category/Type
State: District:		

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

814.74

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

9465.67

12030723637

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

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): *FedEx* Shipping Date
1/30/12
 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

Amw
 PREPARER
 (3/2005)

1/31/12
 DATE PREPARED

12030723638