

**FEC  
FORM 3X**

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

RECEIVED

2012 DEC -3 AM 11:19  
Office Use Only

FEC MAIL CENTER  
12FE4M5

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

ADDRESS (number and street)

4166 BURGUNDY WAY

P.O. BOX 3263

Check if different than previously reported. (ACC)

NAPA CA 94558 2501

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 00455659

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
- July 15 Quarterly Report (Q2)
- October 15 Quarterly Report (Q3)
- January 31 Year-End Report (YE)
- July 31 Mid-Year Report (Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

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

(c) 12-Day PRE-Election Report for the:

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

Election on

11 / 06 / 2012

in the State of

CA

(d) 30-Day POST-Election Report for the:

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

Election on

11 / 06 / 2012

in the State of

CA

5. Covering Period

10 / 18 / 2012

through

11 / 26 / 2012

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

JOSEPH BLEVINS

Signature of Treasurer

*Joseph Blevins*

Date

11 / 26 / 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

FEC FORM 3X  
Rev. 12/2004

120309963670

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE

Report Covering the Period:

From:

10 / 18 / 2012

To:

11 / 26 / 2012

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, 2012		1365.00
(b) Cash on Hand at Beginning of Reporting Period.....	3257.00	
(c) Total Receipts (from Line 19).....	1074.00	11763.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	4331.00	13128.00
7. Total Disbursements (from Line 31).....	548.00	9345.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	3783.00	3783.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	0	



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

12030963671

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

Report Covering the Period: From: **10 / 13 / 2012** To: **11 / 26 / 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).....	0.00	1410.00
(ii) Unitemized .....	1,074.00	10413.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1,074.00	11823.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,074.00	11823.00
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received .....	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from <u>Non-Federal</u> and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	1061.00
(b) Levin Funds (from Schedule H5).....	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	1061.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,074.00	12884.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,074.00	11823.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

**II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures .....	548.00	9345.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	548.00	9345.00
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0	0
24. Independent Expenditures (use Schedule E) .....	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0	20.00
(b) Political Party Committees .....	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	20.00
29. Other Disbursements .....	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds .....	549.00	9345.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	549	9345.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	548.00	9345.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	548.00	9345.00

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**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

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

33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	1,074.00	9,345.00
34. Total Contribution Refunds (from Line 28(d)) .....	0	20.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1,074.00	9,325.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	548.00	9,325.00
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	548.00	9,325.00

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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 6 OF 12**

<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)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

12030963675

**A.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Receipt \_\_\_\_\_  
 Amount of Each Receipt this Period \_\_\_\_\_  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

**B.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Receipt \_\_\_\_\_  
 Amount of Each Receipt this Period \_\_\_\_\_  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

**C.** Full Name (Last, First, Middle Initial) \_\_\_\_\_  
 Mailing Address \_\_\_\_\_  
 City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_  
 Date of Receipt \_\_\_\_\_  
 Amount of Each Receipt this Period \_\_\_\_\_  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer \_\_\_\_\_ Occupation \_\_\_\_\_  
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼

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

**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 7 OF 12
	<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)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

A.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name		Category/Type		
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼	
State:	District:			
B.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name		Category/Type		
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼	
State:	District:			
C.		Full Name (Last, First, Middle Initial)		Date of Disbursement
Mailing Address				
City		State	Zip Code	
Purpose of Disbursement				Amount of Each Disbursement this Period
Candidate Name		Category/Type		
Office Sought:	House Senate President	Disbursement For:	Primary General Other (specify) ▼	
State:	District:			

**NO DISBURSEMENTS**

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

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

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**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)

NAME OF COMMITTEE (In Full)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

12030963677

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

		VOTER REGISTRATION
i) Voter Registration	Total Amount Transferred for Voter Registration.....	
		VOTER ID
ii) Voter ID	Total Amount Transferred for Voter ID.....	
		GOTV
iii) GOTV	Total Amount Transferred for GOTV.....	
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity.....	

NAME OF ACCOUNT	DATE OF RECEIPT	TOTAL AMOUNT TRANSFERRED

**BREAKDOWN OF THIS TRANSFER**

		VOTER REGISTRATION
i) Voter Registration	Total Amount Transferred for Voter Registration.....	
		VOTER ID
ii) Voter ID	Total Amount Transferred for Voter ID.....	
		GOTV
iii) GOTV	Total Amount Transferred for GOTV.....	
		GENERIC CAMPAIGN ACTIVITY
iv) Generic Campaign Activity	Total Amount Transferred for Generic Campaign Activity.....	

NDNG

**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).....	



**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)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

12030963678

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			TOTAL AMOUNT	
LEVIN SHARE				
TOTAL This Period for the Levin Share				

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

NAME OF COMMITTEE (In Full)  
**NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE**

12030963679

<b>A. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b>	<b>Nature of Debt (Purpose):</b>
<b>Mailing Address</b>	
<b>City State Zip Code</b>	
<b>Outstanding Balance Beginning This Period</b>	
<b>Amount Incurred This Period</b>	<b>Payment This Period</b>
	<b>Outstanding Balance at Close of This Period</b>
<b>B. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b>	<b>Nature of Debt (Purpose):</b>
<b>Mailing Address</b>	
<b>City State Zip Code</b>	
<b>Outstanding Balance Beginning This Period</b>	
<b>Amount Incurred This Period</b>	<b>Payment This Period</b>
	<b>Outstanding Balance at Close of This Period</b>
<b>C. Full Name (Last, First, Middle Initial) of Debtor or Creditor</b>	<b>Nature of Debt (Purpose):</b>
<b>Mailing Address</b>	
<b>City State Zip Code</b>	
<b>Outstanding Balance Beginning This Period</b>	
<b>Amount Incurred This Period</b>	<b>Payment This Period</b>
	<b>Outstanding Balance at Close of This Period</b>

VOID

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

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

NAME OF COMMITTEE (In Full) <b>NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>	FEC IDENTIFICATION NUMBER ▼ <b>C 00455659</b>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

12030963680

Full Name (Last, First, Middle Initial) of Payee		Date
Mailing Address		Amount
City	State      Zip Code	
Purpose of Expenditure	Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		Office Sought: <input type="checkbox"/> House      State: _____ <input type="checkbox"/> Senate      District: _____ <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Mailing Address		Date
City	State      Zip Code	Amount
Purpose of Expenditure	Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Full Name (Last, First, Middle Initial) of Payee		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____
Mailing Address		Date
City	State      Zip Code	Amount
Purpose of Expenditure	Category/Type	
Name of Federal Candidate Supported or Opposed by Expenditure:		
Calendar Year-To-Date Per Election for Office Sought		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose

VOID

(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

**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 **12** OF **12**  
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full) <b>NAPA COUNTY REPUBLICAN CENTRAL COMMITTEE</b>	Check if 24-hour notice
--	----------------------------

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
--	--

12030963681

Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Purpose of Expenditure Date Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	Category/Type
VOID		
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Purpose of Expenditure Date Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	Category/Type
Full Name (Last, First, Middle Initial) of Each Payee Mailing Address City State Zip Code Name of Federal Candidate Supported Office Sought: House Senate Presidential State: District:	Purpose of Expenditure Date Amount Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1)	Category/Type

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

12030963682

NO OTHER SCHEDULES APPLICABLE

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  
11/27/12  
Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark


Overnight Delivery Service (Specify): Shipping Date  
Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

 12/13/12  
PREPARER DATE PREPARED

12030963083