

2011 AUG -1 AM 10:17

FEC
FORM 3XREPORT OF RECEIPTS
AND DISBURSEMENTS
For Other Than An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

A m e r i c a n C o m p o s i t e s M a n u f a c t u r e r s A s s o c i a t i o n

P o l i t i c a l A c t i o n C o m m i t t e e

ADDRESS (number and street)

1 0 1 0 N G l e b e R o a d

S u i t e 4 5 0

Check if different
than previously
reported. (ACC)

A r l i n g t o n V A 2 2 2 0 1 -

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C 0 0 3 8 8 1 5 7

3. IS THIS
REPORTNEW
(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)



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 Y Y

in the
State of

M M M M M M

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

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y Y Y

in the
State of

M M M M M M

5. Covering Period

M M / D D / Y Y Y Y Y Y
0 1 / 0 1 / 2 0 1 1M M / D D / Y Y Y Y Y Y
0 1 / 0 1 / 2 0 1 1M M / D D / Y Y Y Y Y Y
0 1 / 0 1 / 2 0 1 1

through

M M / D D / Y Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1M M / D D / Y Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1M M / D D / Y Y Y Y Y Y
0 6 / 3 0 / 2 0 1 1

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 Tom Dobbins

Signature of Treasurer

Date

0 7 /

2 9 /

2 0 1 1

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
OnlyFEC FORM 3X
Rev. 12/2004

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Composite Manufacturers Association Political Action Committee

Report Covering the Period:

From:

MM / DD / YYYY
01 / 01 / 2011

To:

MM / DD / YYYY
06 / 30 / 2011

**COLUMN A
This Period**

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

6. (a) Cash on Hand
January 1,

YYYY
2011

5723000

- (b) Cash on Hand at
Beginning of Reporting Period.....

5723000

- (c) Total Receipts (from Line 19)

1202500

1202500

- (d) Subtotal (add Lines 6(b) and
6(c) for Column A and Lines
6(a) and 6(c) for Column B)

6925500

6925500

7. Total Disbursements (from Line 31)

2500000

2500000

8. Cash on Hand at Close of
Reporting Period
(subtract Line 7 from Line 6(d))

6675500

6675500

9. Debts and Obligations Owed TO
the Committee (Itemize all on
Schedule C and/or Schedule D)

000

10. Debts and Obligations Owed BY
the Committee (Itemize all on
Schedule C and/or Schedule D)

000



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

American Composites Manufacturers Association Political Action Committee

Report Covering the Period: From: MM / DD / YYYY 01 / 01 / 2011 To: MM / DD / YYYY 06 / 30 / 2011

I. Receipts

COLUMN A
Total This Period

COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

- (a) Individuals/Persons Other Than Political Committees
 - (i) Itemized (use Schedule A).....
 - (ii) Unitemized.....
 - (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

1 2 0 2 5 0 0
0 0 0
1 2 0 2 5 0 0

1 2 0 2 5 0 0
0 0 0
1 2 0 2 5 0 0

- (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).....▶

0 0 0
0 0 0
1 2 0 2 5 0 0

0 0 0
0 0 0
1 2 0 2 5 0 0

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

0 0 0

0 0 0

13. All Loans Received.....

0 0 0

0 0 0

14. Loan Repayments Received.....

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

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

0 0 0

0 0 0

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H5).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..

0 0 0
0 0 0
0 0 0

0 0 0
0 0 0
0 0 0

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

1 2 0 2 5 0 0

1 2 0 2 5 0 0

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

1 2 0 2 5 0 0

1 2 0 2 5 0 0

11030642691

[illegible]

1

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)	1 2 0 2 5 0 0	1 2 0 2 5 0 0
34. Total Contribution Refunds (from Line 28(d))	0 0 0	0 0 0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1 2 0 2 5 0 0	1 2 0 2 5 0 0
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0 0 0	0 0 0
37. Offsets to Operating Expenditures (from Line 15, page 3)	0 0 0	0 0 0
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0 0 0	0 0 0

11030642693

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 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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

NAME OF COMMITTEE (In Full)

American Composites Manufacturers Association Political Action Committee

A. Full Name (Last, First, Middle Initial) Mola, Roger		Date of Receipt MM / DD / YYYY 02 / 02 / 2011
Mailing Address 2000 Kenskill Ave		Amount of Each Receipt this Period 50000
City Washington Court House	State OH	
Zip Code 43160-9311		
FEC ID number of contributing federal political committee. C		
Name of Employer Fiber-Tech Industries, Inc.	Occupation Manufacturer	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 50000	

B. Full Name (Last, First, Middle Initial) McDonald, Kevin E.		Date of Receipt MM / DD / YYYY 04 / 19 / 2011
Mailing Address 400 Guys Run Rd		Amount of Each Receipt this Period 10000
City Cheswick	State PA	
Zip Code 15024-9464		
FEC ID number of contributing federal political committee. C		
Name of Employer PPG Industries, Inc.	Occupation Manufacturer	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000	

C. Full Name (Last, First, Middle Initial) Hoskinson, John		Date of Receipt MM / DD / YYYY 04 / 26 / 2011
Mailing Address 25636 Avenue Stanford		Amount of Each Receipt this Period 12500
City Valcencia	State CA	
Zip Code 91355-1117		
FEC ID number of contributing federal political committee. C		
Name of Employer Gruber Systems	Occupation Manufacturer	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12500	

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

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

72500

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (in Full)

American Composites Manufacturers Association Political Action Committee

Full Name (Last, First, Middle Initial) **Miles, Lowell**

Date of Receipt

MM / DD / YYYY
04 / 27 / 2011

Mailing Address
8855 Se Otty Rd

City State Zip Code
Happy Valley OR 97086-2327

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

25000

Name of Employer Occupation
Miles Fiberglass and Composites Manufacturer

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Full Name (Last, First, Middle Initial) **Luchak, Lori**

Date of Receipt

MM / DD / YYYY
04 / 27 / 2011

Mailing Address
P. O. Box 675

City State Zip Code
Happy Valley OR 97086-2327

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

25000

Name of Employer Occupation
Miles Fiberglass and Composites Manufacturer

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Full Name (Last, First, Middle Initial) **Weghorst, Randall**

Date of Receipt

MM / DD / YYYY
05 / 02 / 2011

Mailing Address
860 Highway 57

City State Zip Code
Collierville TN 38017-5204

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

100000

Name of Employer Occupation
AOC, LLC Manufacturer

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
100000

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

150000

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

American Composites Manufacturers Association Political Action Committee

Full Name (Last, First, Middle Initial)

Dobbins, Tom B.

Date of Receipt

MM / DD / YYYY
05 / 05 / 2011

Mailing Address

1010 N Glebe Rd Ste 450

City

Arlington

State

VA

Zip Code

22201-5761

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

1 0 0 0 0

Name of Employer

ACMA

Occupation

Chief Staff Executive

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0

Full Name (Last, First, Middle Initial)

Garoufalidis, Leon

Date of Receipt

MM / DD / YYYY
05 / 09 / 2011

Mailing Address

85 W Algonquin Rd Ste 600

City

Arlington Heights

State

IL

Zip Code

60005-4421

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

3 0 0 0 0

Name of Employer

Composites One, LLC

Occupation

Manufacturer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3 0 0 0 0

Full Name (Last, First, Middle Initial)

Merrell, John

Date of Receipt

MM / DD / YYYY
05 / 10 / 2011

Mailing Address

407 S 7Th St

City

Noblesville

State

TN

Zip Code

46060-2708

FEC ID number of contributing
federal political committee.

C

Amount of Each Receipt this Period

1 0 0 0 0 0

Name of Employer

IDI Composites International

Occupation

Manufacturer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0 0

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

1 4 0 0 0 0

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (in Full)

American Composites Manufacturers Association Political Action Committee

Full Name (Last, First, Middle Initial) **McClaskey, Charlie**

A.

Mailing Address
216 Sierra Dr

City State Zip Code
Chapel Hill NC 27514-1456

FEC ID number of contributing
federal political committee.

C

Name of Employer
Aglas Pools

Occupation
Manufacturer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1 0 0 0 0

Date of Receipt

MM / DD / YYYY
05 / 19 / 2011

Amount of Each Receipt this Period

1 0 0 0 0

Full Name (Last, First, Middle Initial) **Gaither, John**

B.

Mailing Address
2400 Ellis Road

City State Zip Code
Durham NC 27703-5543

FEC ID number of contributing
federal political committee.

C

Name of Employer
Reichhold, Inc. Headquarters

Occupation
Manufacturer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 0 0 0 0

Date of Receipt

MM / DD / YYYY
05 / 19 / 2011

Amount of Each Receipt this Period

2 0 0 0 0 0

Full Name (Last, First, Middle Initial) **Tickle, John**

C.

Mailing Address
400 Commonwealth Ave

City State Zip Code
Bristol VA 24201-3820

FEC ID number of contributing
federal political committee.

C

Name of Employer
Strongwell

Occupation
Manufacturer

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5 0 0 0 0 0

Date of Receipt

MM / DD / YYYY
05 / 19 / 2011

Amount of Each Receipt this Period

5 0 0 0 0 0

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

7 1 0 0 0 0

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (in Full)

American Composites Manufacturers Association Political Action Committee

A. Full Name (Last, First, Middle Initial) **Felix, Paul M.**

Mailing Address
165 Sweetbay Rd

City State Zip Code
St. Matthews SC 29135-7934

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

Name of Employer Occupation
Aglas Pools Manufacturer

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0

Date of Receipt

MM / DD / YYYY
05 / 19 / 2011

Amount of Each Receipt this Period

1 0 0 0 0

B. Full Name (Last, First, Middle Initial) **Colonna, Paul**

Mailing Address
820 E 14Th Ave

City State Zip Code
Kansas City MO 64116-3735

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

Name of Employer Occupation
Cook Composites & Polymers Manufacturer

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
1 0 0 0 0 0

Date of Receipt

MM / DD / YYYY
05 / 19 / 2011

Amount of Each Receipt this Period

1 0 0 0 0 0

C. Full Name (Last, First, Middle Initial) **Mahlmeister, Daniel**

Mailing Address
26776 W 12 Mile Rd Ste 201

City State Zip Code
Southfield MI 48034-7807

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

Name of Employer Occupation
The R.J. Marshall Company Manufacturer

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 0 0 0

Date of Receipt

MM / DD / YYYY
06 / 02 / 2011

Amount of Each Receipt this Period

2 0 0 0 0

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

1 3 0 0 0 0

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

1 2 0 2 5 0 0

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 11 OF 11

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

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NAME OF COMMITTEE (In Full)

American Composites Manufacturers Association Political Action Committee

Full Name (Last, First, Middle Initial)

A.		Date of Disbursement																					
Bill Haslan for Governor		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>1</td><td>/</td><td>1</td><td>5</td><td>/</td><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	1	5	/	2	0	1	1
M	M	/	D	D	/	Y	Y	Y	Y														
0	1	/	1	5	/	2	0	1	1														
Mailing Address																							
1215 Ridge Way Rd																							
City	State	Zip Code																					
Memphis	TN	38119																					
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Political Contribution		<table border="1"><tr><td>0</td><td>1</td><td>1</td><td colspan="7"></td></tr></table>		0	1	1																	
0	1	1																					
Candidate Name		Category/Type																					
Bill Haslan																							
Office Sought:	Disbursement For:																						
<input type="checkbox"/> House	<input type="checkbox"/> Primary <input type="checkbox"/> General																						
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify) ▼																						
<input type="checkbox"/> President																							
State:	District:																						

B.		Date of Disbursement																					
Full Name (Last, First, Middle Initial)		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y			/			/				
M	M	/	D	D	/	Y	Y	Y	Y														
		/			/																		
Mailing Address																							
City		State Zip Code																					
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Office Sought:		Category/Type																					
<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.		Date of Disbursement																					
Full Name (Last, First, Middle Initial)		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td></td><td></td><td>/</td><td></td><td></td><td>/</td><td></td><td></td><td></td><td></td></tr></table>		M	M	/	D	D	/	Y	Y	Y	Y			/			/				
M	M	/	D	D	/	Y	Y	Y	Y														
		/			/																		
Mailing Address																							
City		State Zip Code																					
Purpose of Disbursement		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td></tr></table>																					
Office Sought:		Category/Type																					
<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).....▶

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

2	5	0	0	0	0
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2	5	0	0	0	0
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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
7/27/11

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

Jel D

PREPARER

8/1/11

DATE PREPARED