

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS For An Authorized Committee

RECEIVED

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Office Use Only

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT Example: If typing, type over the lines. 12FE4M5
NINA HAYDEN FOR CONGRESS

ADDRESS (number and street) P.O. BOX 1178111
Check if different than previously reported. (ACC) CLEARWATER FL 33762

2. FEC IDENTIFICATION NUMBER 00514950
3. IS THIS REPORT NEW (N) OR AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
FL 13

4. TYPE OF REPORT (Choose One)
(a) Quarterly Reports: April 15, July 15, October 15, January 31
Termination Report (TER)
(b) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special
(c) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 07'01'2012 through 07'25'2012

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 NINA HAYDEN
Signature of Treasurer [Signature] Date 07'29'2012

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 grid with 10 columns and 1 row. FEC FORM 3 (Revised 02/2003)

12030871759

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Page 2

Write or Type Committee Name

Report Covering the Period:

From:

07 01 2012

To:

07 25 2012

COLUMN A  
This Period

COLUMN B  
Election Cycle-to-Date

6. Net Contributions (other than loans)

(a) Total Contributions  
(other than loans) (from Line 11(e)) ....

165.00

18,877.00

(b) Total Contribution Refunds  
(from Line 20(d)) .....

0

0

(c) Net Contributions (other than loans)  
(subtract Line 6(b) from Line 6(a)) .....

165.00

18,877.00

7. Net Operating Expenditures

(a) Total Operating Expenditures  
(from Line 17) .....

5,392.49

29,551.49

(b) Total Offsets to Operating  
Expenditures (from Line 14) .....

0

0

(c) Net Operating Expenditures  
(subtract Line 7(b) from Line 7(a)) .....

5,392.49

0

8. Cash on Hand at Close of  
Reporting Period (from Line 27) .....

0

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

For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

12030871760

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3 (Revised 12/2003)

Page 3

Write or Type Committee Name

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2012

To:

MM / DD / YYYY  
07 / 25 / 2012

**I. RECEIPTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

165.00

18,877.00

(ii) Unitemized.....

0

0

(iii) TOTAL of contributions from individuals ▶

165.00

18,877.00

(b) Political Party Committees.....

0

0

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

0

0

(d) The Candidate.....

0

0

(e) TOTAL CONTRIBUTIONS

(other than loans)  
(add Lines 11(a)(iii), (b), (c), and (d))..

165.00

18,877.00

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....

0

0

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0

9,100.00

(b) All Other Loans.....

0

0

(c) TOTAL LOANS  
(add Lines 13(a) and (b)).....

0

9,100.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....

10,510.00

10,510.00

15. OTHER RECEIPTS (Dividends, Interest, etc.).....

0

0

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10,675.00

38,387.00

12030871761

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 02/2003)

Page 4

**II. DISBURSEMENTS**

**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date

17. OPERATING EXPENDITURES.....

5,392.49

29,551.49

18. TRANSFERS TO OTHER  
AUTHORIZED COMMITTEES .....

0

0

19. LOAN REPAYMENTS:

(a) Of Loans Made or Guaranteed  
by the Candidate.....

0

9,100.00

(b) Of All Other Loans .....

0

0

(c) TOTAL LOAN REPAYMENTS  
(add Lines 19(a) and (b)).....

0

9,100.00

20. REFUNDS OF CONTRIBUTIONS TO:

(a) Individuals/Persons Other  
Than Political Committees .....

0

0

(b) Political Party Committees.....

0

0

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

0

0

(d) TOTAL CONTRIBUTION REFUNDS  
(add Lines 20(a), (b), and (c)).....

0

0

21. OTHER DISBURSEMENTS .....

0

0

22. TOTAL DISBURSEMENTS  
(add Lines 17, 18, 19(c), 20(d), and 21) ▶

38,651.00

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....

18.00

24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....

10,675.00

25. SUBTOTAL (add Line 23 and Line 24).....

10,693.00

26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....

10,693.00

27. CASH ON HAND AT CLOSE OF REPORTING PERIOD  
(subtract Line 26 from Line 25).....

0

12030871762

**SCHEDULE A (FEC Form 3)  
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"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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)  
*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial) <i>ROYALE A. LEBETTER</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>07 ' 01 ' 2012</i>
Mailing Address <i>5728 GLADSTONE WAY</i>		Amount of Each Receipt this Period  <i>, 100.00</i>
City <i>CAPITOL HEIGHTS</i>	State Zip Code <i>MD 20743</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period  <i>, 100.00</i>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <i>, 100.00</i>	

Full Name (Last, First, Middle Initial) <i>DEPARTMENT OF STATE, FLORIDA</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>07 ' 10 ' 2012</i>
Mailing Address <i>K.A. GRAY BLDG. RM 316 500 S. BRONOKGH ST.</i>		Amount of Each Receipt this Period  <i>, 10,440.00 (REFUND)</i>
City <i>TALLAHASSEE</i>	State Zip Code <i>FL 32399</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period  <i>, 10,440.00</i>
Name of Employer	Occupation	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <i>, 10,440.00</i>	

Full Name (Last, First, Middle Initial) <i>RONALD BRUNUS</i>		Date of Receipt M M ' D D ' Y Y Y Y <i>07 ' 10 ' 2012</i>
Mailing Address <i>10570 68 AVE</i>		Amount of Each Receipt this Period  <i>, 40.00</i>
City <i>SEMINOLE</i>	State Zip Code <i>FL 33772</i>	
FEC ID number of contributing federal political committee. <i>C</i>		Amount of Each Receipt this Period  <i>, 40.00</i>
Name of Employer <i>SELF</i>	Occupation <i>MASSAGE THERAPIST</i>	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date  <i>, 40.00</i>	

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

12030871763

**SCHEDULE A (FEC Form 3)  
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"/> 11d
	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14
				<input type="checkbox"/> 15

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NAME OF COMMITTEE (In Full)  
*MINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. *THOMAS YOUNG*  
Mailing Address

Date of Receipt  
07' 03' 2012

637 LEXINGTON PL. N.E.  
City State Zip Code

WASHINGTON DC 20002

Amount of Each Receipt this Period  
25.00

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
25.00

Full Name (Last, First, Middle Initial)

B. *DEPARTMENT OF STATE*  
Mailing Address

Date of Receipt  
07' 10' 2012

500 S. BRUNNEN ST.  
City State Zip Code

TALAHASSEE FL 32399

Amount of Each Receipt this Period  
70.00 (REFUND)

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date  
10,510.00

Full Name (Last, First, Middle Initial)

C. \_\_\_\_\_  
Mailing Address

Date of Receipt

City State Zip Code

FEC ID number of contributing federal political committee. C

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For:  Primary  General  Other (specify)  
Election Cycle-to-Date

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

10,675.00

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

12030871764

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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

A. <i>VERIZON WIRELESS</i>		Date of Disbursement
Mailing Address		<i>07' 21' 2012</i>
City <i>P.O. Box 660108</i>		Amount of Each Disbursement this Period
State <i>FL</i> Zip Code <i>TX 75266</i>		
Purpose of Disbursement		, , <i>200.00</i>
Candidate Name <i>PHONE CHARGES</i>		
Candidate Name <i>NINA HAYDEN</i>		Category/Type <i>001</i>
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: <i>FL</i> District: <i>13</i>		

B. <i>DAY PAL</i>		Date of Disbursement
Mailing Address		<i>07' 03' 2012</i>
City <i>2211 N 1st St</i>		Amount of Each Disbursement this Period
State <i>CA</i> Zip Code <i>95131</i>		
Purpose of Disbursement		, , <i>1.03</i>
Candidate Name <i>RECHANT ACCT FEES</i>		
Candidate Name <i>NINA HAYDEN</i>		Category/Type <i>003</i>
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: <i>FL</i> District: <i>13</i>		

C. <i>DAY PAL</i>		Date of Disbursement
Mailing Address		<i>07' 10' 2012</i>
City <i>2211 N 1st St</i>		Amount of Each Disbursement this Period
State <i>CA</i> Zip Code <i>95131</i>		
Purpose of Disbursement		, , <i>1.46</i>
Candidate Name <i>RECHANT ACCT FEES</i>		
Candidate Name <i>NINA HAYDEN</i>		Category/Type <i>003</i>
Office Sought:	Disbursement For:	
<input checked="" type="checkbox"/> House	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Senate	<input type="checkbox"/> Other (specify)	
<input type="checkbox"/> President		
State: <i>FL</i> District: <i>13</i>		

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

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

12030871765

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE OF	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
*NINA HAYDEN FOR CONGRESS*

**A.** *MITY MO DESIGN*  
Mailing Address: *433 CENTRAL AVE STE 209*  
City: *ST PETERSBURG FL* State: *FL* Zip Code: *33701*  
Purpose of Disbursement: *WEBSITE*  
Candidate Name: *NINA HAYDEN* Category/Type: *006*  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: *FL* District: *17*  
Date of Disbursement: *07' 11' 2012*  
Amount of Each Disbursement this Period: *2,500.00*

**B.** *JONATHAN SHANE*  
Mailing Address: *3700 9th AVE N*  
City: *ST PETERSBURG FL* State: *FL* Zip Code: *33713*  
Purpose of Disbursement: *CAMPAIGN STAFF*  
Candidate Name: *NINA HAYDEN* Category/Type: *001*  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: *FL* District: *13*  
Date of Disbursement: *07' 11' 2012*  
Amount of Each Disbursement this Period: *500.00*

**C.** *DEPARTMENT OF STATE, FL*  
Mailing Address: *500 S. BRONOUGH ST # 316*  
City: *TALAHASSEE FL* State: *FL* Zip Code: *32399*  
Purpose of Disbursement: *CK FEE*  
Candidate Name: *NINA HAYDEN* Category/Type: *001*  
Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify)  
State: *FL* District: *13*  
Date of Disbursement: *07' 25' 2012*  
Amount of Each Disbursement this Period: *522.00*

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

12030871766



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

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

FOR LINE NUMBER:  
(check only one)

PAGE OF

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)  
*NINA HAYDEN FOR CONGRESS*

Full Name (Last, First, Middle Initial)

**A.** *CARLTON FIELDS*

Mailing Address  
*P.O. BOX 3239*

City *TAMPA* State *FL* Zip Code *33601*

Purpose of Disbursement  
*LEGAL FEES*

Candidate Name  
*NINA HAYDEN*

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: *FL* District: *13*

Date of Disbursement

*07* / *25* / *2012*

Amount of Each Disbursement this Period

*1,668.00*

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify)

State: District:

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

12030871767

**SCHEDULE C (FEC Form 3)**

**LOANS**

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one)  13a  13b

NAME OF COMMITTEE (In Full)  
*NINA HAYDEN FOR CONGRESS*

**LOAN SOURCE** Full Name (Last, First, Middle Initial)  
*HAYDEN NINA L*

Mailing Address  
*P.O. BOX 17811*

City State ZIP Code  
*CLIFSWATH FL 33762*

Election:  
 Primary  
 General  
 Other (specify) ▼

Original Amount of Loan *9,100.00* Cumulative Payment To Date *9,100.00* Balance Outstanding at Close of This Period *0*

**TERMS**

Date Incurred *06/08/2012* Date Due *08/08/2012* Interest Rate *0* % (apr) Secured:  Yes  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) ..... ▶ *5,300.00*

**TOTALS** This Period (last page in this line only) ..... ▶ *5,300.00*

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

12030871768

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

Supplementary for  
 Information found on  
 Page 2 of Schedule C

Federal Election Commission, Washington, D.C. 20463

NAME OF COMMITTEE (In Full) <i>NINA HAYSTAD FOR CONGRESS</i>	FEC IDENTIFICATION NUMBER <i>000514950</i>
---	---

LENDING INSTITUTION (LENDER) Full Name <i>N/A.</i>	Amount of Loan	Interest Rate (APR) %
Mailing Address	Date Incurred or Established	M M / D D / Y Y Y Y
City State Zip Code	Date Due	

A. Has loan been restructured?  No  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?  
 No  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?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral?  
 \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  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). Location of account:  
 Address:  
 City, State, Zip: \_\_\_\_\_

Date account established:  
 M M / D D / Y Y Y Y

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	Title	DATE M M / D D / Y Y Y Y
--	-------	-----------------------------

12030871769

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

NAME OF COMMITTEE (In Full)  
*NINA Hayden For Congress*

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

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

12030871770

**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.

12030871771

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input type="checkbox"/> USPS First Class Mail	Postmarked
<input checked="" type="checkbox"/> USPS Registered/Certified	Postmarked (R/C) 7/30/12
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked

*AMP*  
**PREPARER**  
 (3/2005)

8/6/12  
**DATE PREPARED**