

**FEC
FORM 3X**

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

RECEIVED

2012 OCT 15 PM 12:15

Office Use Only

1. NAME OF COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type over the lines.

12FE4M5

FEC MAIL CENTER

Farmers Mutual Hail Insurance Company of Iowa
Political Action Committee

ADDRESS (number and street)

6785 Westown Parkway

Check if different than previously reported. (ACC)

West Des Moines IA 50266-7727

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00117614

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 [MM] / [DD] / [YYYY] in the State of []

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

Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period

[MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]
07 / 01 / 2012 through 09 / 30 / 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

SCOTT McEntee

Signature of Treasurer

Scott McEntee

Date

[MM] / [DD] / [YYYY]
10 / 10 / 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

12030903760

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period: From: / / To: / /

12030903761

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		<input type="text" value="4945658"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="5423182"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="307266"/>	<input type="text" value="1053790"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	<input type="text" value="5730448"/>	<input type="text" value="5999448"/>
7. Total Disbursements (from Line 31)	<input type="text" value="1075000"/>	<input type="text" value="1344000"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<input type="text" value="4655448"/>	<input type="text" value="4655448"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value=""/>	

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

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Report Covering the Period: From: **07 / 01 / 2012** To: **09 / 30 / 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).....

1 7 4 7 8 0

5 6 7 7 6 0

(ii) Unitemized.....

1 3 2 4 8 6

4 8 6 0 3 0

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

3 0 7 2 6 6

1 0 5 3 7 9 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).....▶

3 0 7 2 6 6

1 0 5 3 7 9 0

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)).....▶

3 0 7 2 6 6

1 0 5 3 7 9 0

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

3 0 7 2 6 6

1 0 5 3 7 9 0

12030903762

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		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures		6 5 0 0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))		6 5 0 0
22. Transfers to Affiliated/Other Party Committees		
23. Contributions to Federal Candidates/Committees and Other Political Committees	1 0 5 0 0 0 0	1 3 0 0 0 0 0
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	2 5 0 0 0	3 7 5 0 0
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)) ..	1 0 7 5 0 0 0	1 3 4 4 0 0 0
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1 0 7 5 0 0 0	1 3 4 4 0 0 0

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DETAILED SUMMARY PAGE

of Disbursements

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

3 0 7 2 6 6

1 0 5 3 7 9 0
6 5 0 0
6 5 0 0

12030903764

**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 1 OF 2

<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

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)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

A.

Latham for Congress

Mailing Address
Post Office Box 8237

City: Des Moines, Iowa 50301

Purpose of Disbursement: Contribution

Candidate Name: Tom Latham

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: Iowa District: 3

Date of Disbursement

MM / DD / YYYY
07 / 01 / 2012

Amount of Each Disbursement this Period

100000

B.

NAMIC PAC

Mailing Address
3601 Vincennes Road

City: Indianapolis, IN 46268

Purpose of Disbursement: Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
07 / 11 / 2012

Amount of Each Disbursement this Period

200000

C.

King for Congress

Mailing Address
P.O. Box 400

City: Early, IA 50535

Purpose of Disbursement: Contribution

Candidate Name: Steve King

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: IA District: 4

Date of Disbursement

MM / DD / YYYY
08 / 01 / 2012

Amount of Each Disbursement this Period

50000

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

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

350000

12030903765

**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 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)
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)
A. Crop Insurance and Reinsurance Bureau PAC

Date of Disbursement
MM / DD / YYYY
08 / 21 / 2012

Mailing Address
201 Massachusetts Ave NE, Suite C-5

City State Zip Code
Washington, DC 20002

Purpose of Disbursement
Contribution

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

0 1 1
Category/
Type

Amount of Each Disbursement this Period
5 0 0 0 0 0

Full Name (Last, First, Middle Initial)
B. Property Casualty Insurers PAC

Date of Disbursement
MM / DD / YYYY
09 / 24 / 2012

Mailing Address
2600 South River Road

City State Zip Code
Des Plaines, IL 60018-3286

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

0 1 1
Category/
Type

Amount of Each Disbursement this Period
2 0 0 0 0 0

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

Date of Disbursement
MM / DD / YYYY

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼
State: District:

0 1 1
Category/
Type

Amount of Each Disbursement this Period

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

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

7 0 0 0 0

1 0 5 0 0 0

12030903766

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

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

FOR LINE NUMBER: PAGE 1 OF 4
(check only one)

<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)
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) **Rutledge, Ronald P.**

Mailing Address
240 Linden Drive

City **Waukee** State **Iowa** Zip Code **50263**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **President FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1 3 2 3 6 0

Date of Receipt
MM / DD / YYYY
Payroll Deduction

Amount of Each Receipt this Period
4 0 1 5 8

B. Full Name (Last, First, Middle Initial) **Roggenburg, Darin**

Mailing Address
2035 134th Street

City **Clive, Iowa** State **Iowa** Zip Code **50325**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **CFO FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
9 5 8 0 0

Date of Receipt
MM / DD / YYYY
Payroll Deduction

Amount of Each Receipt this Period
2 9 0 4 0

C. Full Name (Last, First, Middle Initial) **Rutledge, Shannon**

Mailing Address
2273 NE 88th Street

City **Altoona, Iowa** State **Iowa** Zip Code **50009**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **SVP FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
8 4 1 5 4

Date of Receipt
MM / DD / YYYY
Payroll Deduction

Amount of Each Receipt this Period
2 5 5 8 4

SUBTOTAL of Receipts This Page (optional).....▶ **9 4 7 8 2**

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

12030903767

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

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

FOR LINE NUMBER: PAGE 2 OF 4
(check only one)

<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)
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) **Faga, Patrick**

Mailing Address
735 Roosevelt Street

City **Story City, Iowa** State Zip Code **50248**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **SVP FMH**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
7 6 5 0 0

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
2 5 5 0 0

B. Full Name (Last, First, Middle Initial) **Kevin Johnson**

Mailing Address
1783 Maple Ct.

City **Winterset, IA.** State Zip Code **50273**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP Sales**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 2 1 8 0

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
9 6 8 4

C. Full Name (Last, First, Middle Initial) **Larry Ewart**

Mailing Address
15188 Bryn Mawr

City **Clive, IA.** State Zip Code **50325**

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation **VP Claims**

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3 1 2 9 6

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
9 4 2 6

SUBTOTAL of Receipts This Page (optional).....▶ **4 4 6 1 0**

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

12030903768

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

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

FOR LINE NUMBER: PAGE 3 OF 4

(check only one)

<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)

Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

Full Name (Last, First, Middle Initial)

Grant E. Krohn

Mailing Address

26818 N Avenue

City

Adel, IA 50003

State

Zip Code

FEC ID number of contributing federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 8 3 5 2

Date of Receipt

MM / DD / YYYY
PAYROLL DEDUCTION

Amount of Each Receipt this Period

8 7 4 8

Full Name (Last, First, Middle Initial)

Kenneth J. Lilgedahl

Mailing Address

8935 Lyndhurst

City

Johnson, IA 50131

State

Zip Code

FEC ID number of contributing federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 5 0 0 2

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Amount of Each Receipt this Period

8 3 3 4

Full Name (Last, First, Middle Initial)

William S. Workman

Mailing Address

567 S 34th Court

City

West Des Moines, IA 50265

State

Zip Code

FEC ID number of contributing federal political committee.

C 0 0 1 1 7 6 1 4

Name of Employer

Farmers Mutual Hail Ins. Co.

Occupation

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

2 0 8 3 2

Date of Receipt

MM / DD / YYYY
Payroll Deduction

Amount of Each Receipt this Period

5 2 0 8

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

2 2 2 9 0

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

12030903769

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

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

FOR LINE NUMBER: PAGE 4 OF 4
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

12030903776

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NAME OF COMMITTEE (In Full)
Farmers Mutual Hail Insurance Company of Iowa Political Action Committee

A. Full Name (Last, First, Middle Initial) **Dru Donald Lesnick**

Mailing Address
4436 NW 169th st

City **Clive, IA 50325** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 4 8 4

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
6 8 2 8

B. Full Name (Last, First, Middle Initial) **Bryant J. Tjeerdsma**

Mailing Address
8855 Kingman Dr

City **West Des Moines, IA 50266** State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2 0 8 0 0

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period
6 2 7 0

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee. **C 0 0 1 1 7 6 1 4**

Name of Employer **Farmers Mutual Hail Ins. Co.** Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
Payroll Deduction

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶ **1 3 0 9 8**

TOTAL This Period (last page this line number only).....▶ **1 7 4 7 8 0**

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): 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


 PREPARER

10/15/12
 DATE PREPARED

12030903771