2030781762

FEC FORM 3

Office

Use

Only

FESANO18

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED

FEC FORM 3

(Revised 02/2003)

7017 A DOMinge Wee Only 12.

1.	NAME OF COMMITTEE (in full)	TYPE OR PRIN	T ♥	Example: lover the li		type	12FE	4205 MA	IL CENTER
L	COOSI36	LILISI); LILISI); LILISII; LILISII; LILISII; LILISII; LILISII;	CITY 3. IS THIS REPORT	140 M	NEW	0 F:	CA STATE	MENDED	ZIP CODE A STATE V DISTRIC
4.	TYPE OF REPORT (Cr (a) Quarterly Reports: X April 15 Quarterly F July 15 Quarterly F October 15 Quarter January 31 Year-En	Report (Q1) Report (Q2) rly Report (Q3)	Election	Conve	y (12P) ntion (12	ට දී ්	Spec	eral (12G) ial (12S)	Runoff (12R) in the CA
	Termination Report	(TER)	Election	M	M /	, ס ס <u>'</u>	Runo	off (30R)	Special (30S) in the State of
5.	Covering Period O	ኘ ′ እ	2012	thr	ough	Ö3	′3 i	゜′ Z	ŏĭ2
	ertify that I have examined the or Print Name of Treasure	. \	the best of m	knowledge	and be	lief it is tr	ue, correc	et and con	nplete.
Ū	nature of Treasurer TE: Submission of false, error	egus, or inscriple	ete information n	√ Q∕	the perso		Oate this Report	t to the pe	67 / 26 1 2 marking of 2 U.S.C. §437g

DETAILED	SUMN	JARY	PAGE
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of Receipts

Page 3

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Report Covering the Period:

From:

To:

I. RECEIPTS			COLUMN A Total This Period			COLUMN B Election Cycle-to-Date			
1.	СО	CONTRIBUTIONS (other than loans) FROM:							
	(a)	Individuals/Persons Other Than Political Committees							
		(i) Itemized (use Schedule A)		7	. •	3	÷	•	
		(ii) Unitemized	3	3	•	:	п	-	
		from individuals	;	3	ř	٠.	7	-	
	(b)	Political Party Committees Other Political Committees	.	7	•	. 2	7	•	
		(such as PACs)	3	ů	•	7		. *	
	(d) (e)	The Candidate TOTAL CONTRIBUTIONS (other than loans)	ž	7	7	2	ŗ	-	
		(add Lines 11(a)(iii), (b), (c), and (d))	7	7	•		:	-	
2.		ANSFERS FROM OTHER THORIZED COMMITTEES	.	7	s	Ŧ	:		
3.	. LOANS:				•				
		Made or Guaraeteed by the Candidate	ž	1,74	0.00	,	:	•	
	(b)	All Other Loans	2		1274	3	:	*	
		(add Lines 13(a) and (b))	3	273	52.74	7	:	-	
4.	EXF	FSETS TO OPERATING PENDITURES							
	(Re	funds, Rebates, etc.)	Ţ	7	-	· :	7	-	
5.		HER RECEIPTS ridends, Interest, etc.)		3	c	\$	\$		
6.	11(TAL RECEIPTS (add Lines e), 12, 13(c), 14, and 15) Try Total to Line 24, page 4)	,	,	_	5	5	_	

of Receipts and Disbursements

Wijte or Type Committee Name

Report Covering the Period:

From:

03/31/2012 To:

	COLUMN A This Period	COLUMN B Election Cycle-to-Date			
Net Contributions (other than loans)					
(a) Total Contributions (other than loans) (from Line 11(e))	7 7 7	,			
(b) Total Contribution Refunds (from Line 20(d))	3 3 1	, · · · ·			
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))		y , .			
Net Operating Expenditures					
(a) Total Operating Expenditures (from Line 17)	272874	in the second se			
(b) Total Offsets to Operating Expenditures (from Line 14)	· · · · ·	· · · · · · · · · · · · · · · · · · ·			
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	3 3	• • •			
Cash on Hand at Close of Reporting Period (from Line 27)	, , L4.00				
Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	7 7	•			
Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)					
	 (a) Total Contributions (other than loans) (from Line 11(e)) (b) Total Contribution Refunds (from Line 20(d))	Net Contributions (other than loans) (a) Total Contributions (other than loans) (from Line 11(e)) (b) Total Contribution Refunds (from Line 20(d))			

For further information contact:

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

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

203078176

FEC Form 3 (Revised 02/2003).

DETAILED SUMMARY PAGE

of Disbursements

Page 4

COLUMN A COLUMN B II. DISBURSEMENTS **Total This Period Election Cycle-to-Date** 17. OPERATING EXPENDITURES..... 18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES 19. LOAN REPAYMENTS: (a) Of Loans Made or Guaranteed by the Candidate..... (b) Of All Other Loans (c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b))..... 20. REFUNDS OF CONTRIBUTIONS TO: (a) Individuals/Persons Other Than Political Committees (b) Political Party Committees..... Other Political Committees (such as PACs) (d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c))..... 21. OTHER DISBURSEMENTS 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) **III. CASH SUMMARY** 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD...... 24 TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)...... 25. SUBTOTAL (add Line 23 and Line 24)..... 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....

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A. Sales
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SCHEDULE C (FEC Form 3) LOANS

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

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

-j				L		13b
AME OF COMMITTEE (In Full)		•				
Jenny Worm	en For	Conovess			•	
LOAN SOURCE Full Name (Last, First, Middle In		- Chikeso	Flo	ection:		
Total Court of the Party of the		~		Primary		
			1	General		
Mailing Address			7 -	Other (specify)	▼	
			-		<u> </u>	
City State	ZIP Cod					
July	2 00.					
	· · · · · · · · · · · · · · · · · · ·					
Original Amount of Loan Cur	nulative Payment To	Date B	alance	Outstanding at	Close of Th	is Period
e : 8	. 9			د ۶	z.	,
TERMS						
Date Incurred	Date Due	Interest R	late		Secured:	
MM/DD/YYY MM	/ D D / Y	YYY		% (apr)		
			r,	% (apr)	Yes_	└ No
List All Endorsers or Guarantors (if any) to Loa	n Source					
1. Full Name (Last, First, Middle Initial)		Name of Employer				
Malling Address		0				
Mailing Address		Occupation				
		Amount				
City State ZIF	P Code	Guaranteed		•		
		Outstanding:	\$. }	••	
2. Full Name (Last, First, Middle Initial)		Name of Employer				
]						
Mailing Address		Occupation				
		Amount			·	
City State ZIF	P Code	Guaranteed				
Only State 211		Outstanding:	i	2	<u>.</u>	
3. Full Name (Last, First, Middle Initial)		Name of Employer				
					·	
Mailing Address	•	Occupation				
						
City State ZIF	P Code	Amount Guaranteed				
Oity State Zir	Code	Outstanding:	ý	:		
4. Full Name (Last, First, Middle Initial)	· · · · · · · · · · · · · · · · · · ·	Name of Employer				
Mailing Address		Occupation				
City Charles Tip	2 Code	Amount				
City State ZIF	Code	Guaranteed Outstanding:	J	2	π	
<u> </u>		. – – –		 		
UBTOTALS This Period This Page (optional)						
				3 :		
OTALS This Period (last page in this line only)		·····		2 2		
						
Carry outstanding balance only to LINE 3, Schedule	D, for this line. If	no Schedule D, carry f	orward	to appropriate	line of Sur	mmary.

(3/2005)

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