

# FEC FORM 5

## REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED

To Be Used by Persons (Other than Political Committees) including Qualified Nonprofit Corporations

1. (a) Name of Individual, Organization or Corporation <b>AMERICANS FOR RESPONSIBLE LEADERSHIP</b>		3. FEC Identification Number <b>C C90012931</b>
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported PO BOX 80871		
(c) City, State and ZIP Code PHOENIX AZ 85060		
2. <b>Corporate filers only</b>	Is the filer a qualified nonprofit corporation? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>Individual filers only</b>	Name of Employer	Occupation

4. TYPE OF REPORT (check appropriate boxes):

(a)  April 15 Quarterly Report  
 July 15 Quarterly Report  
 October 15 Quarterly Report  
 January 31 Year-End Report

24-Hour Report  
 48-Hour Report

b) Is this Report an amendment? Yes  No

5. COVERING PERIOD: FROM

/  /

THROUGH

/  /

6. TOTAL CONTRIBUTIONS .....

7. 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 any political party committee or its agent. In addition, (if the independent expenditures reported herein were made by a corporation) I certify that the corporation is a qualified nonprofit corporation under the Commission's regulations.

<b>TYPE OR PRINT NAME OF PERSON COMPLETING FORM</b>	<b>SIGNATURE</b>	<b>DATE</b>
Peter Christopher Winkelman	<i>Peter Christopher Winkelman</i> [Electronically Filed]	10/30/2012

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

For further information, contact:  
Federal Election Commission, 999 E Street, N.W., Washington, D.C. 20463 Toll Free 800-424-9530, Local 202-694-1100

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICANS FOR RESPONSIBLE LEADERSHIP

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 421 Fayetteville Street Mall Suite 1020		Amount 147966.14 <b>Transaction ID : F57.000001</b>
City Raleigh	State NC	
Purpose of Expenditure Voter contact phones: personnel	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1300528.03		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Angler, LLC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1100 G Street, NW Suite 805		Amount 34532.40 <b>Transaction ID : F57.000002</b>
City Washington	State DC	
Purpose of Expenditure Voter contact phones: system	Category/ Type 004	Office Sought: <input type="checkbox"/> House State: _____ <input type="checkbox"/> Senate District: _____ <input checked="" type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Barack Obama		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 1335060.43		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee Headway Workforce Solutions		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 421 Fayetteville Street Mall Suite 1020		Amount 5856.23 <b>Transaction ID : F57.000003</b>
City Raleigh	State NC	
Purpose of Expenditure Voter contact phones: personnel	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Jim Matheson		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 49193.24		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2012 <input type="checkbox"/> Other (specify) _____

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	188354.77
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	
(carry total from last page forward to Line 7)		

**SCHEDULE 5-E  
ITEMIZED INDEPENDENT EXPENDITURES**

NAME OF FILER (In Full)  
AMERICANS FOR RESPONSIBLE LEADERSHIP

Full Name (Last, First, Middle Initial) of Payee Angler, LLC		Date MM / DD / YYYY 10 / 30 / 2012
Mailing Address 1100 G Street NW Suite 805		Amount 1366.73 <b>Transaction ID : F57.000004</b>
City Washington	State DC	
Zip Code 20005	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: UT <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Purpose of Expenditure Voter contact phones: system		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Name of Federal Candidate Supported or Opposed by Expenditure: Jim Matheson		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) _____
Calendar Year-To-Date Per Election for Office Sought 50559.97		

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

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

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures.....	▶	1366.73
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures.....	▶	
(c) <b>TOTAL</b> Independent Expenditures .....	▶	189721.50
(carry total from last page forward to Line 7)		