

2011 JUL -5 AM 10:23

**FEC
FORM 3X**

**REPORT 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

NOVAMED INC. POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 333 W. Wacker Drive, Suite 1010

Check if different than previously reported. (ACC)

Chicago IL 60606

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 00428086

3. IS THIS REPORT NEW OR AMENDED
 NEW (N) 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 M M / D D / Y Y Y Y Y Y in the State of

- (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

5. Covering Period 1 01 2011 through 6 30 2011

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 T. Macomber

Signature of Treasurer  Date 07 01 2011

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									
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FEC FORM 3X
Rev. 12/2004

11030620861

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

NOVAMED INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

1 / 01 / 2011

To:

6 / 30 / 2011

**COLUMN A
This Period**

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

6. (a) Cash on Hand January 1, 2011		5,318.10
(b) Cash on Hand at Beginning of Reporting Period.....	5,318.10	
(c) Total Receipts (from Line 19)	1,285.00	1,285.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	6,603.10	6,603.10
7. Total Disbursements (from Line 31)	3,187.31	3,187.31
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,415.79	3,415.79
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

11030620862

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name
NOVAMED INC. POLITICAL ACTION COMMITTEE

Report Covering the Period: From:

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

 To:

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

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).....	1,285.00	1,285.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii).....▶	1,285.00	1,285.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶	1,285.00	1,285.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received.....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5).....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	1,285.00	1,285.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1,285.00	1,285.00

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DETAILED SUMMARY PAGE
of Disbursements

11030620864

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	187.31	187.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	187.31	187.31
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	3,000.00	3,000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	3,187.31	3,187.31
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3,187.31	3,187.31

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)	1,285.00	1,285.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1,285.00	1,285.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	187.31	187.31
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	187.31	187.31

11030620865

**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 1
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
13	14	15	16	

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)
NOVAMED INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Graham Cherrington

Mailing Address
100 Mansell Court E.

City Roswell State GA Zip Code 30076

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

Name of Employer Occupation
NovaMed, Inc. Executive VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

1 / 13 / 2011

Amount of Each Receipt this Period

171.00

Full Name (Last, First, Middle Initial)

B. Graham Cherrington

Mailing Address
100 Mansell Court E.

City Roswell State GA Zip Code 30076

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

Name of Employer Occupation
NovaMed, Inc. Executive VP

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 285.00

Date of Receipt

04 / 14 / 2011

Amount of Each Receipt this Period

114.00

Full Name (Last, First, Middle Initial)

C. Thomas Hall

Mailing Address
100 Mansell Court E.

City Roswell State GA Zip Code 30076

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

Name of Employer Occupation
NovaMed, Inc. CEO

Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 600.00

Date of Receipt

1 / 13 / 2011

Amount of Each Receipt this Period

300.00

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

585.00

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

11030620866

**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 1

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
NOVAMED INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Thomas Hall

Mailing Address
100 Mansell Court E.

City Roswell State GA Zip Code 30076

FEC ID number of contributing federal political committee.

C

Name of Employer
NovaMed, Inc.

Occupation
CEO

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

04 / 14 / 2011

Amount of Each Receipt this Period

300.00

Full Name (Last, First, Middle Initial)

B. David Pyle

Mailing Address
100 Mansell Court E.

City Roswell State GA Zip Code 30076

FEC ID number of contributing federal political committee.

C

Name of Employer
NovaMed, Inc.

Occupation
VP of Corporate Development

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

01 / 13 / 2011

Amount of Each Receipt this Period

75.00

Full Name (Last, First, Middle Initial)

C. David Pyle

Mailing Address
100 Mansell Court E.

City Roswell State GA Zip Code 30076

FEC ID number of contributing federal political committee.

C

Name of Employer
NovaMed, Inc.

Occupation
VP of Corporate Development

Receipt For:

Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

200.00

Date of Receipt

04 / 14 / 2011

Amount of Each Receipt this Period

125.00

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

500.00

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

11030620857

**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 1

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<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)
NOVAMED INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial) A. Jay Sweetnich		Date of Receipt
Mailing Address 100 Mansell Court E.		<input type="text" value="01"/> / <input type="text" value="13"/> / <input type="text" value="2011"/>
City Roswell	State GA	Zip Code 30076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="60.00"/>
Name of Employer NovaMed, Inc.	Occupation VP of Physician Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	

Full Name (Last, First, Middle Initial) B. Jay Sweetnich		Date of Receipt
Mailing Address 100 Mansell Court E		<input type="text" value="04"/> / <input type="text" value="14"/> / <input type="text" value="2011"/>
City Roswell	State GA	Zip Code 30076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="120.00"/>
Name of Employer NovaMed, Inc.	Occupation VP of Physician Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	

Full Name (Last, First, Middle Initial) C. Jay Sweetnich		Date of Receipt
Mailing Address 100 Mansell Court E		<input type="text" value="05"/> / <input type="text" value="06"/> / <input type="text" value="2011"/>
City Roswell	State GA	Zip Code 30076
FEC ID number of contributing federal political committee. <input type="text" value="C"/>		Amount of Each Receipt this Period <input type="text" value="20.00"/>
Name of Employer Novamed, Inc.	Occupation VP of Physician Development	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <input type="text" value="200.00"/>	

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="200.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="1,285.00"/>

11030620868

**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 1				
	<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

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NAME OF COMMITTEE (in Full)
NOVAMED INC. POLITICAL ACTION COMMITTEE

11030620869

Full Name (Last, First, Middle Initial) A. ERIC PAC		Date of Disbursement MM / DD / YYYY 06 / 01 / 2011
Mailing Address 209 Pennsylvania Avenue, SE		Amount of Each Disbursement this Period 1,000.00
City Washington	State DC	
Zip Code 20003	Purpose of Disbursement Political contribution	Category/ Type 011
Candidate Name N/A	Office Sought: <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:	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <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:	

Full Name (Last, First, Middle Initial) C. Bill Cassidy for Congress		Date of Disbursement MM / DD / YYYY 03 / 07 / 2011
Mailing Address 8550 United Plaza Blvd., Ste 1001		Amount of Each Disbursement this Period 1,000.00
City Baton Rouge	State LA	
Zip Code 70809	Purpose of Disbursement Political contribution	Category/ Type 011
Candidate Name Bill Cassidy	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: LA District: 6th	

SUBTOTAL of Disbursements This Page (optional).....▶	2,000.00
TOTAL This Period (last page this line number only).....▶	

**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 2 OF 1
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input checked="" type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input type="checkbox"/> 25 <input type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (in Full)
NOVAMED INC. POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)		Date of Disbursement																									
A. Price for Congress		<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><td>Y</td><td>Y</td> </tr> <tr> <td>03</td><td></td><td></td><td>07</td><td></td><td></td><td>20</td><td>11</td><td></td><td></td><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y	03			07			20	11				
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
03			07			20	11																				
Mailing Address PO Box 425		Amount of Each Disbursement this Period																									
City	State	Zip Code																									
Roswell	GA	30077																									
Purpose of Disbursement Political contribution		<table border="1"> <tr> <td>011</td> </tr> </table>		011																							
011																											
Candidate Name Tom Price		<table border="1"> <tr> <td>1,000.00</td> </tr> </table>		1,000.00																							
1,000.00																											
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> General																								
State: GA	District: 6																										

Full Name (Last, First, Middle Initial)		Date of Disbursement																									
B.		<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><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><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y												
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
Mailing Address		Amount of Each Disbursement this Period																									
City	State	Zip Code																									
Purpose of Disbursement		<table border="1"> <tr> <td></td> </tr> </table>																									
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>																									
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> General																								
State:	District:																										

Full Name (Last, First, Middle Initial)		Date of Disbursement																									
C.		<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><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><td></td><td></td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	Y	Y												
M	M	/	D	D	/	Y	Y	Y	Y	Y	Y																
Mailing Address		Amount of Each Disbursement this Period																									
City	State	Zip Code																									
Purpose of Disbursement		<table border="1"> <tr> <td></td> </tr> </table>																									
Candidate Name		<table border="1"> <tr> <td></td> </tr> </table>																									
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> Other (specify) ▼ <input type="checkbox"/> General																								
State:	District:																										

SUBTOTAL of Disbursements This Page (optional).....	▶	1,000.00
TOTAL This Period (last page this line number only).....	▶	3,000.00

11030620870

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
7/1/11

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

Jmc
 PREPARER

7/5/11
 DATE PREPARED

11030620871