Image# 12971424905 PAGE 1 / 11

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

						Office U	Jse Only
1. NAME OF COMMITTEE (in full)	PE OR PRINT ▼		mple: If typion the lines.	ng, type	12FE	4M5	
DogPAC							ı
ADDRESS (number and street)	1205 Prospect Street						
Check if different							
than previously reported. (ACC)	Takoma Park				MD	2091	2
2. FEC IDENTIFICATION NUM	BER ▼	CITY 🛦		;	STATE A		ZIP CODE ▲
C C00517128		3. IS THIS REPORT	\ \ \	NEW N) OR		AMENDED (A)	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report	Feb 20 (M2)		May 20 (M5)		Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Due On:	Mar 20 (M3)		Jun 20 (M6)		Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15	<u> </u>	Apr 20 (M4)		Jul 20 (M7)	Ш	Oct 20 (M10)) Jan 31 (YE)
Quarterly Report (Q1) X July 15 Quarterly Report (Q2)	(c) 12-Day	on	Primary (12F	?)	Ger	neral (12G)	Runoff (12R)
October 15	Report for	the:	Convention (12C)	Spe	ecial (12S)	
Quarterly Report (Q3) January 31 Year-End Report (YE)		Election on	M M /	D D /	Y I Y II Y	Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Elec	tion	General (300	ā)	Rur	noff (30R)	Special (30S)
Termination Report (TER)	Report for		M = M /	D D /	Y = Y = Y	Y	in the
		Election on					State of
5. Covering Period 04		2012	through	M M M	30)12
I certify that I have examined this	Report and to the h	est of my kno	wledge and	nelief it is tru	e corre	ct and comple	ete.
•	Ron Carver	——————————————————————————————————————	wicago ana i			or and compi	
Signature of Treasurer Ron Car	ver		[Electronicall	v Filed]	ate	M M / D 1:	
NOTE: Submission of false, erroneou	us, or incomplete info	rmation may su	bject the per	son signing th	nis Repor	t to the penal	ties of 2 U.S.C. §437g.
Office Use Only							C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **DogPAC** 04 2012 06 30 2012 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 0.00 January 1, 2012 (b) Cash on Hand at 0.00 Beginning of Reporting Period..... 1385.00 1385.00 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 1385.00 1385.00 6(a) and 6(c) for Column B)..... 393.13 393.13 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 991.87 991.87 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 4791.45 Schedule C and/or Schedule D) 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)

Write or Type Committee Name

DogPAC

I. Receipts	I. Receipts COLUMN A Total This Period		
Contributions (other than loans) From:	1000.0000	Calendar Year-to-Date	
(a) Individuals/Persons Other			
Than Political Committees		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
(i) Itemized (use Schedule A)	1000.00	1000.00	
		205.00	
(ii) Unitemized	385.00	385.00	
(iii) TOTAL (add	1385.00	1385.00	
Lines 11(a)(i) and (ii)▶	, 1303.00	, , , , , , , , , , , , , , , , , , , ,	
(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		1005.00	
Totals to Line 33, page 5)▶	1385.00	1385.00	
Transfers From Affiliated/Other			
Party Committees	0.00	0.00	
All Leave Descined	0.00	0.00	
All Loans Received		0.00	
	0.00		
Loan Repayments Received	0.00	0.00	
Offsets To Operating Expenditures			
(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00	
Refunds of Contributions Made	7	0.00	
to Federal Candidates and Other			
Political Committees	0.00	0.00	
Other Federal Receipts			
(Dividends, Interest, etc.)	0.00	0.00	
Transfers from Non-Federal and Levin Funds		7	
(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	
		0.00	
		1385.	
Total Federal Receipts	1205.00	4005.00	
(subtract Line 18(c) from Line 19)▶	1385.00	1385.00	

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
Operating Expenditures: (a) Allocated Federal/Non-Federal	10101 11110 1 61100	Calcilual Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating Expenditures	393.13	393.13			
(c) Total Operating Expenditures	000.10	000.10			
(add 21(a)(i), (a)(ii), and (b))▶	393.13	393.13			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees	0.00	200			
and Other Political Committees	0.00	0.00			
Independent Expenditures (use Schedule E)	0.00	0.00			
Coordinated Party Expenditures					
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
		200			
Loans MadeRefunds of Contributions To:	0.00	0.00			
(a) Individuals/Persons Other Than Political Committees	0.00	0.00			
Than Folitical Committees	0.00	3.00			
(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			
(add 2.1100 25(a), (5), and (6),					
Other Disbursements	0.00	0.00			
_					
Federal Election Activity (2 U.S.C. §431(20))					
(a) Allocated Federal Election Activity					
(from Schedule H6) (i) Federal Share	0.00	0.00			
(i) I ederal Share					
(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	0.00	0.00			
Lines 30(a)(i), 30(a)(ii) and 30(b))▶	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	393.13	393.13			
	7	000.10			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	393.13	393.13			

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1385.00	1385.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1385.00	1385.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	393.13	393.13
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	393.13	393.13

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

FOR LINE NUMBER: **PAGE** 6 OF 11 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c Detailed Summary Page 14 13 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) DogPAC Full Name (Last, First, Middle Initial) Ellen Starbird Date of Receipt Mailing Address PO Box 9541 04 2012 City State Zip Code Transaction ID: SA11AI.4103 CA Berkeley 94709 Amount of Each Receipt this Period FEC ID number of contributing C 1000.00 federal political committee. Name of Employer Occupation Self Therapist Receipt For: Aggregate Year-to-Date ▼ Primary General 1000.00 Other (specify) Full Name (Last, First, Middle Initial) B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 1000.00 SUBTOTAL of Receipts This Page (optional)..... 1000.00 TOTAL This Period (last page this line number only).....

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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) DogPAC Full Name (Last, First, Middle Initial) A. US Postal Service Mailing Address 4325 GALLATIN ST City State Zip Code Hyattsville MD 20781 Purpose of Disbursement Candidate Name Candidate Name Disbursement For: Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Transaction ID: SB21B.4122 Amount of Each Disbursement this Period Transaction ID: SB21B.4122 Amount of Each Disbursement this Period	SCHEDULE B (FEC Form 3X)		FOR LINE	PAGE 7 OF 11	
Detailed Summary Page 27 28 28 28 29 29 300 Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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) DogPAC	ITEMIZED DISBURSEMENTS	Use separate schedule(s)	(check only	one)	
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) NAME OF COMMITTEE (in Full)					
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) DogPAC Full Name (Last, Frist, Middle Initial) City Hyattaville Hyattaville House Purpose of Disbursement Full Name (Last, Frist, Middle Initial) US Postal Service Senate Primary General Other (specify) Full Name (Last, Frist, Middle Initial) US Postal Service Mailing Address 4325 GALLATIN ST City Hyattaville Senate Purpose of Disbursement Candidate Name Cladidate Name Office Sought: Salate Disbursement Transaction ID: SB21B.4125 Amount of Each Disbursement Transaction ID: SB21B.4125 Amount of Each Disbursement Transaction ID: SB21B.4125 Amount of Each Disbursement Disbursement Disbursement Disbursement Disfirct: Full Name (Last, Frist, Middle Initial) Caregopy/ Type Date of Disbursement this Period Caregopy/ Type Office Sought: Salate Disfirct: Disfirct: Substate: Disfirct: Substate: Disfirct: Substate: Disfirct: Substate: Disfirct:	Any information copied from such Reports and State				
Full Name (Last, First, Middle Initial) A. US Postal Service Mailing Address 4325 GALLATIN ST City Hyatsville MD 20781 Purpose of Disbursement Candidate Name Office Sought: House President State: District: City State President State: Disbursement Disbursement Disbursement Disbursement Disbursement Disbursement For: State Disbursement Office Sought: President State: Disbursement Disbur					
Full Name (Last, First, Middle Initial) A. US Postal Service Mailing Address 4325 GALLATIN ST City State Zip Code MD 20781 Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Purpose of Disbursement State: District: Disbursement Candidate Name Category/ Type Date of Disbursement this Period Transaction ID: SB218.4122 Amount of Each Disbursement this Period Date of Disbursement this Period Transaction ID: SB218.4122 Amount of Each Disbursement this Period Date of Disbursement Date of Disbursement Transaction ID: SB218.4125 Amount of Each Disbursement Category/ Type Date of Disbursement Transaction ID: SB218.4125 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Transaction ID: SB218.4125 Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period	I \ '				
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Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) B. US Postal Service Mailing Address 4325 GALLATIN ST City State Zip Code Hyatsville MD 20781 Purpose of Disbursement Candidate Name City Senate President Other (specify) ▼ Transaction ID : SB21B.4125 Amount of Each Disbursement this Period Category/ Type Office Sought: House President Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) C. City State Zip Code Purpose of Disbursement Cadegory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: House Disbursement For: House Disbursement For: House Disbur					77.59
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Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrict: Primary General Other (specify) ▼ Substrict: 90.19	Purpose of Disbursement				
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	Tarpose of Biobarcement			Amount of Each [Disbursement this Period
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ SUBTOTAL of Disbursements This Page (optional)	Candidate Name			7	
Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	000				7
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)					
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30BTOTAL OF DISDUISEMENTS THIS Fage (Optional)					
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional).		·····•		90.19
	TOTAL This Pariod (last page this line number only	1			90.19

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 8
FOR LINE NUMBER: (check only one)

	9
X	10

OF

11

NAME OF COMMITTEE (In Full) DogPAC A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Cartoon Kirk Anderson Mailing Address 2064 James Avenue State Zip Code MN St. Paul 55105 Transaction ID: SD10.4150 Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period Payment This Period Outstanding Balance at Close of This Period 300.00 300.00 0.00 B. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): **Flyers** Mosaic Printing Mailing Address 4801 Viewpoint Place City State Zip Code Cheverly MD 20781 Outstanding Balance Beginning This Period Transaction ID: SD10.4152 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 880.00 0.00 880.00 C. Full Name (Last, First, Middle Initial) of Debtor or Creditor Nature of Debt (Purpose): Signs, Postcards and Bumper Stickers PDQ Printing Mailing Address 3820 S. Valley View Blvd Zip Code City State Las Vegas 89103 NVTransaction ID: SD10.4154 Outstanding Balance Beginning This Period 0.00 Outstanding Balance at Close of This Period Amount Incurred This Period Payment This Period 0.00 3181.45 3181.45 4361.45 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)

SCHEDULE D (FEC Form 3X) DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line) PAGE 9 OF
FOR LINE NUMBER:
(check only one)

	9
X	10

NAME OF COMMITTEE (In Full) DogPAC		
A. Full Name (Last, First, Middle Initial) of Debtor Jonathan Stucky	or Creditor	Nature of Debt (Purpose): Web Design
Mailing Address 37 Rogers Avenue		
City State Somerville	Zip Code MA 02114	
Outstanding Balance Beginning This Period 0.00 Amount Incurred This Period 430.00	Payment This Period 0.00	Transaction ID : SD10.4156 Outstanding Balance at Close of This Period 430.00
B. Full Name (Last, First, Middle Initial) of Debtor		Nature of Debt (Purpose):
Mailing Address		
City State	Zip Code	
Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of 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		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
7	7	
1) SUBTOTALS This Period This Page (optional)	>	430.00
2) TOTALS This Period (last page this line number	only) >	4791.45
3) TOTAL OUTSTANDING LOANS from Schedule C	C (last page only)	0.00
4) ADD 2) and 3) and carry forward to appropriate I	ine of Summary Page (last page only) ▶	4791.45

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

PAGE 10 OF 11 FOR LINE 24 OF FORM 3X
FEC IDENTIFICATION NUMBER ▼
C C00517128
M
nt
300.00 ction ID : SE.4158
ht: House State: DC Senate District: 00 President
Support Oppose
nt For: Primary General ther (specify)
06 / 030 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
nt
880.00
ht: House State: DC
Senate District: 00
Support Oppose
nt For: Primary General

NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
DogPAC	0 22277772
	C C00517128
	M M / D D / Y Y Y Y
Check if 24-hour report 48-hour report New report Amends report fi	
Full Name (Last, First, Middle Initial) of Payee	Date
Kirk Anderson	M M / D D / Y Y Y Y
[MEMO ITEM]	06 30 2012
Mailing Address 2064 James Avenue	Amount
City State Zip Code	
St. Paul MN 55105	300.00
Purpose of Expenditure Category/	Transaction ID : SE.4158 Office Sought: House State: DC
Cartegory/ Cartoon Type	Senate
Name of Fodoval Condidate Cupnovted as Opposed by Espanditures	President District: 00
Name of Federal Candidate Supported or Opposed by Expenditure: MITT ROMNEY C	heck One: Support X Oppose
WITT ROWNET	cuppert Depress
	isbursement For: Primary X General
for Office Sought 0.00 20	Other (specify)
Full Name (Last, First, Middle Initial) of Payee	Date
Mosaic Printing	
[MEMO ITEM]	06 30 2012
Mailing Address 4801 Viewpoint Place	
	Amount
City State Zip Code	880.00
Cheverly MD 20781	Transaction ID : SE.4160
Purpose of Expenditure Category/	Office Sought: House State: DC
Cartoon Type	Senate District: 00
Name of Federal Candidate Supported or Opposed by Expenditure:	President ——
	check One: Support Oppose
Calefidal feal-10-Date Fel Election	bisbursement For: Primary General
for Office Sought 0.00	Other (specify)
(a) SUBTOTAL of Itemized Independent Expenditures	0.00
	7 7
(b) SUBTOTAL of Unitemized Independent Expenditures	
(b) SOBTOTAL OF OTHER INDEPENDENT EXPENDITURES	
() TOTAL ()	
(c) 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 ei	
party committee) any political party committee or its agent.	
D. G	
Ron Carver [Electronically Filed] Date	07 13 2012
Signature	2012

DogPAC

Check if

NAME OF COMMITTEE (In Full)

SCHEDULE E (FEC Form 3X) ITEMIZED INDEPENDENT EXPENDITURES

ge# 12971424915 HEDULE E (FEC Form 3X) MIZED INDEPENDENT EXPENDITU	RES			PAGE 11	
ME OF COMMITTEE (In Full)					24 OF FORM 3X
gPAC			F	EC IDENTIFICAT	ION NUMBER ▼
g. 7.0				C C00517128	
k if 24-hour report 48-hour report	t New report	Amends repor	rt filed on	M / D D /	Y = Y = Y
Full Name (Last, First, Middle Initial) of Paye)		Date		
[MEMO ITEM]				06 / 30 /	2012
Mailing Address 3820 S. Valley View Blvd				لتا ت	
			Amount	t	
City		Code			3181.45
as Vegas	NV 891	03	Transact	tion ID : SE.4162	
Purpose of Expenditure	Categor	rv/	Office Sought		State: DC
Signs, Postcards and Bumper Stickers	Tyl	pe		Senate President	District: 00
Name of Federal Candidate Supported or Op	posed by Expenditure:		Check One:		X Oppose
MITT ROMNEY			Check One.	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought		0.00	Disbursement 2012 Oth	For: Primary er (specify)	General
Full Name (Last, First, Middle Initial) of Paye			Date		
				M / D D /	Y I Y I Y
Mailing Address					
			Amount	t	
City	State Zip	Code			
					01-1-
Purpose of Expenditure	Categor Ty		Office Sought	: House Senate	State: District:
Name of Federal Candidate Supported or Op	posed by Expenditure:			President	
			Check One:	Support	Oppose
Calendar Year-To-Date Per Election for Office Sought			Disbursement Oth	er (specify)	General
\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	19				
SUBTOTAL of Itemized Independent Expe	naitures		-	7 7	0.00
o) SUBTOTAL of Unitemized Independent Ex	penditures		•	· · · · · · ·	
TOTAL Independent Expenditures					0.00

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 (if the reporting entity is not a political party committee) any political party committee or its agent.

Ron Carver	[Electronically Filed]	Date	07	/	13	/	2012
Signature						i	

0.00