

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

CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

ADDRESS (number and street) 3900 ESSEX LANE SUITE 250

Check if different than previously reported. (ACC) HOUSTON TX 77027

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00502849

3. IS THIS REPORT NEW (N) OR AMENDED (A) 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)
 - May 20 (M5)
 - Aug 20 (M8)
 - Nov 20 (M11) (Non-Election Year Only)
 - Mar 20 (M3)
 - Jun 20 (M6)
 - Sep 20 (M9)
 - Dec 20 (M12) (Non-Election Year Only)
 - Apr 20 (M4)
 - Jul 20 (M7)
 - Oct 20 (M10)
 - Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
- Primary (12P)
 - General (12G)
 - Runoff (12R)
 - Convention (12C)
 - Special (12S)

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] 05 / 01 / 2012 through [MM] / [DD] / [YYYY] 05 / 31 / 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 Jonathan Martin

Signature of Treasurer Jonathan Martin [Electronically Filed] Date 07 / 23 / 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									
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**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

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

	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="1673194.29"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="621117.18"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="439221.65"/>	<input type="text" value="1524603.73"/>
(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="1060338.83"/>	<input type="text" value="3197798.02"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="642181.80"/>	<input type="text" value="2779640.99"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="418157.03"/>	<input type="text" value="418157.03"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="390000.00"/>	

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

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

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).....	126650.00	1070000.00
(ii) Unitemized	1650.00	13682.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	128300.00	1083682.08
(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)	128300.00	1083682.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	260000.00	390000.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	50921.65	50921.65
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))..... ▶	439221.65	1524603.73
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	439221.65	1524603.73

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	96909.01	970340.30
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	96909.01	970340.30
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditures (use Schedule E)	545272.79	1809300.69
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)) ..	642181.80	2779640.99
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	642181.80	2779640.99

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)	128300.00	1083682.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	128300.00	1083682.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	96909.01	970340.30
37. Offsets to Operating Expenditures (from Line 15, page 3).....	50921.65	50921.65
38. Net Operating Expenditures (subtract Line 37 from Line 36)	45987.36	919418.65

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 51
<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

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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. Abro Facilities II LLC
 Full Name (Last, First, Middle Initial)
 Mailing Address 3580 Blackthorn Ct
 City South Bend State IN Zip Code 46628
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : SA11AI.5130
 Amount of Each Receipt this Period
 5000.00
 Individual contribution

B. Frank J. Bantle Sr.
 Full Name (Last, First, Middle Initial)
 Mailing Address 11718 Gallant Ridge Ln.
 City Houston State TX Zip Code 77082
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 York Casket Company Sales
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 19 / 2012
Transaction ID : SA11AI.5176
 Amount of Each Receipt this Period
 1500.00
 Individual contribution

C. Rick Beeler
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 1189
 City Stafford State TX Zip Code 77497
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Straus Systems President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : SA11AI.5237
 Amount of Each Receipt this Period
 5000.00
 Individual contributions

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 51
<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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. Big E Drilling Company
 Full Name (Last, First, Middle Initial)
 Mailing Address 4710 Bellaire Blvd.
 Suite 350
 City State Zip Code
 Bellaire TX 77401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 04 / 2012
Transaction ID : SA11AI.5138
 Amount of Each Receipt this Period
 5000.00
 Individual contribution

B. Samuel P. Black
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 East 2nd Street
 City State Zip Code
 Erie PA 16507
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Samuel P. Black Insurance Agen Founder
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : SA11AI.5156
 Amount of Each Receipt this Period
 1000.00
 Individual contribution

C. James P. Bryan
 Full Name (Last, First, Middle Initial)
 Mailing Address 1331 Lamar #1450
 City State Zip Code
 Houston TX 77010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Torch Energy CEO
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 06 / 2012
Transaction ID : SA11AI.5189
 Amount of Each Receipt this Period
 10000.00
 Individual contribution

SUBTOTAL of Receipts This Page (optional).....▶	16000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 8 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)
A. Campr II Partners

Mailing Address PO Box 677

City State Zip Code
El Paso TX 79944

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
18750.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : SA11AI.5140

Amount of Each Receipt this Period
18750.00

Individual contributions

Full Name (Last, First, Middle Initial)
B. J.A. Cardwell

Mailing Address PO Box 26808

City State Zip Code
El Paso TX 79926-6808

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

Name of Employer Occupation
C&R Distributing, LLC CEO

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
6250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 07 / 2012
Transaction ID : SA11AI.5143

Amount of Each Receipt this Period
6250.00

Individual contribution

Full Name (Last, First, Middle Initial)
C. Jack E. Caveney

Mailing Address 11090 Turtle Beach Road #A203

City State Zip Code
North Palm Beach FL 33408

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

Name of Employer Occupation
N/A Retired

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 09 / 2012
Transaction ID : SA11AI.5164

Amount of Each Receipt this Period
10000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 35000.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 51
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial) A. James McConnell Clark		Date of Receipt MM / DD / YYYY 05 / 12 / 2012 Transaction ID : SA11AI.5160
Mailing Address 350 Seaspray Ave.		Amount of Each Receipt this Period 5000.00
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Individual contribution	
Name of Employer N/A	Occupation Retired	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. James Cochrane		Date of Receipt MM / DD / YYYY 05 / 10 / 2012 Transaction ID : SA11AI.5228
Mailing Address 2220 Prairie Glen Pl.		Amount of Each Receipt this Period 250.00
City Manhattan	State KS	Zip Code 66502
FEC ID number of contributing federal political committee. C	Individual contribution	
Name of Employer Retired	Occupation Agriculture	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle Initial) C. Keith Colburn		Date of Receipt MM / DD / YYYY 05 / 15 / 2012 Transaction ID : SA11AI.5174
Mailing Address PO Box 1287		Amount of Each Receipt this Period 10000.00
City Northbrook	State IL	Zip Code 60065
FEC ID number of contributing federal political committee. C	Individual contribution	
Name of Employer CEO Management Services, Inc.	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	15250.00
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 10 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. Roberto Contreras
Full Name (Last, First, Middle Initial)

Mailing Address 1600 Post Oak Blvd.
#2200

City Houston State TX Zip Code 77056

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

Name of Employer St. Christopher Holdings Occupation Business owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
10000.00

Date of Receipt
05 / 02 / 2012
Transaction ID : SA11AI.5188

Amount of Each Receipt this Period
5000.00

Individual contributions

B. Julian Jr. D'Esposito
Full Name (Last, First, Middle Initial)

Mailing Address 224 Regent Wood

City Northfield State IL Zip Code 60093

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

Name of Employer Mayer Brown LLP Occupation Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
05 / 02 / 2012
Transaction ID : SA11AI.5134

Amount of Each Receipt this Period
500.00

Individual contribution

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

Mailing Address 8807 Wildridge Dr.

City Austin State TX Zip Code 78759

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
05 / 09 / 2012
Transaction ID : SA11AI.5211

Amount of Each Receipt this Period
50.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 5550.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)
A. Gordon Daugherty

Mailing Address 8807 Wildridge Dr.

City Austin State TX Zip Code 78759

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

Name of Employer Self Occupation Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 19 / 2012

Transaction ID : SA11AI.5239

Amount of Each Receipt this Period
50.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. Davoil

Mailing Address PO Box 122269

City Fort Worth State TX Zip Code 76121

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **5000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11AI.5162

Amount of Each Receipt this Period
5000.00

Individual contribution

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

Mailing Address PO Box 2379

City Midland State TX Zip Code 77227-2529

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

Name of Employer Self Employed Occupation Engineer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **2000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SA11AI.5184

Amount of Each Receipt this Period
2000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... **7050.00**

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

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. J. Evetts Haley
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 2515

City Midland State TX Zip Code 79702

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

Name of Employer Self Occupation Cattle rancher

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 23 / 2012

Transaction ID : SA11AI.5178

Amount of Each Receipt this Period
1000.00

Individual contribution

B. Paul R. Hamilton
Full Name (Last, First, Middle Initial)

Mailing Address 413 W. Creek St.

City Fredericksburg State TX Zip Code 78624

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

Name of Employer Kuenemann House Inn Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 16 / 2012

Transaction ID : SA11AI.5168

Amount of Each Receipt this Period
500.00

Individual contribution

C. Philip D. Harvey
Full Name (Last, First, Middle Initial)

Mailing Address 1701 K St., NW Ste. 900

City Washington State DC Zip Code 20006

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

Name of Employer Self-employed Occupation Investor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **10000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2012

Transaction ID : SA11AI.5146

Amount of Each Receipt this Period
10000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. James C. Henry
 Full Name (Last, First, Middle Initial)
 Mailing Address 3525 Andrews Highway
 Suite 200
 City Midland State TX Zip Code 79703
 Name of Employer Henry Resources Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 05 / 22 / 2012
Transaction ID : SA11AI.5182
 Amount of Each Receipt this Period 5000.00
 Individual contributions

B. William L. Holmes
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 3728
 City Midland State TX Zip Code 79702
 Name of Employer Self-employed Occupation Oil & Gas
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 05 / 24 / 2012
Transaction ID : SA11AI.5180
 Amount of Each Receipt this Period 2500.00
 Individual contributions

C. John A. Janicik
 Full Name (Last, First, Middle Initial)
 Mailing Address 42 Waverly Ave.
 City Clarendon Hills State IL Zip Code 60514
 Name of Employer N/A Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2000.00

Date of Receipt 05 / 02 / 2012
Transaction ID : SA11AI.5118
 Amount of Each Receipt this Period 2000.00
 Individual Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 9500.00
TOTAL This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 51
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. David H. Jennings
Full Name (Last, First, Middle Initial)

Mailing Address 14891 NW 42 Ct.

City Reddick	State FL	Zip Code 32686
-----------------	-------------	-------------------

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

Name of Employer Self-employed	Occupation CPA
-----------------------------------	-------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 10 / 2012

Transaction ID : SA11AI.5224

Amount of Each Receipt this Period
250.00

Individual contribution

B. Anne Konopack
Full Name (Last, First, Middle Initial)

Mailing Address 2237 N Wayne Ave.

City Chicago	State IL	Zip Code 60614
-----------------	-------------	-------------------

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

Name of Employer Mayer Brown, LLP	Occupation Attorney
--------------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012

Transaction ID : SA11AI.5110

Amount of Each Receipt this Period
1000.00

Individual contribution

C. Herbert W. Krueger
Full Name (Last, First, Middle Initial)

Mailing Address 570 N Sheridan Rd.

City Lake Forest	State IL	Zip Code 60045
---------------------	-------------	-------------------

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

Name of Employer Mayer Brown LLP	Occupation Partner/Chairman
-------------------------------------	--------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012

Transaction ID : SA11AI.5122

Amount of Each Receipt this Period
1000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional).....	2250.00
TOTAL This Period (last page this line number only).....	

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

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

FOR LINE NUMBER: PAGE 15 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)
A. Lois H. Lazaro

Mailing Address 6040 River Chase Cir. NW

City State Zip Code
Sandy Springs GA 30328

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

Name of Employer Occupation
N/A Homemaker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 02 / 2012
Transaction ID : SA11AI.5132

Amount of Each Receipt this Period
1000.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. Robert Morrison Jr.

Mailing Address 402 N. Palisades Dr.

City State Zip Code
Signal Mountain TN 37377

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

Name of Employer Occupation
Self-employed Business owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 15 / 2012
Transaction ID : SA11AI.5154

Amount of Each Receipt this Period
500.00

Individual contribution

Full Name (Last, First, Middle Initial)
C. John W Noell Jr.

Mailing Address 135 E. Seventh St.

City State Zip Code
Hinsdale IL 60521

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

Name of Employer Occupation
Elf-employed Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : SA11AI.5120

Amount of Each Receipt this Period
300.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1800.00

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

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 16 OF 51
<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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)
A. Joseph Organ Jr.

Mailing Address 1213 Park Ave.

City River Forest State IL Zip Code 60305

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

Name of Employer Mayer Brown LLP Occupation Counsel

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **250.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11AI.5128

Amount of Each Receipt this Period
250.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. Thomas Panoff

Mailing Address 212 W. Washington St. #2004

City Chicago State IL Zip Code 60606

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

Name of Employer Mayer Brown LLP Occupation Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **1000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 03 / 2012

Transaction ID : SA11AI.5114

Amount of Each Receipt this Period
1000.00

Individual contribution

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

Mailing Address 145 Cheshire Way

City Naples State FL Zip Code 34110

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

Name of Employer Heartland Farms, Inc. Occupation Farming

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **500.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012

Transaction ID : SA11AI.5197

Amount of Each Receipt this Period
500.00

Individual contribution

SUBTOTAL of Receipts This Page (optional).....▶	1750.00
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 17 OF 51
<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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial) A. J. Kirk Robison		Date of Receipt MM / DD / YYYY 05 / 12 / 2012 Transaction ID : SA11AI.5166
Mailing Address 4445 N. Mesa Ste. 100		Amount of Each Receipt this Period 4000.00
City El Paso State TX Zip Code 79902-1154	FEC ID number of contributing federal political committee. C	Individual contribution
Name of Employer Pizza Properties, Inc. Occupation Restaurant Franchisee	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00

Full Name (Last, First, Middle Initial) B. Dr. Barry A. Schlech		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 Transaction ID : SA11AI.5152
Mailing Address 3550 Country Vista Drive		Amount of Each Receipt this Period 1000.00
City Burleson State TX Zip Code 76028	FEC ID number of contributing federal political committee. C	Individual contribution
Name of Employer N/A Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

Full Name (Last, First, Middle Initial) C. Alyce V. Schletch		Date of Receipt MM / DD / YYYY 05 / 09 / 2012 Transaction ID : SA11AI.5150
Mailing Address 611 NE Alsbury Blvd. Apt. 504		Amount of Each Receipt this Period 1000.00
City Burleson State TX Zip Code 76028	FEC ID number of contributing federal political committee. C	Individual contribution
Name of Employer N/A Occupation Retired	Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00

SUBTOTAL of Receipts This Page (optional).....▶	6000.00
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 18 OF 51
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)
A. William A. Schmalz

Mailing Address 535 Edgewood Pl.

City State Zip Code
River Forest IL 60305

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

Name of Employer Occupation
Mayber Brown LLP Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : SA11AI.5112

Amount of Each Receipt this Period
500.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. David A. Schuette

Mailing Address 4837 Lawn Ave.

City State Zip Code
Western Springs IL 60558

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

Name of Employer Occupation
Mayer Brown LLP Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : SA11AI.5124

Amount of Each Receipt this Period
500.00

Individual contribution

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

Mailing Address 5403 Trent St.

City State Zip Code
Chevy Chase MD 20815

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

Name of Employer Occupation
Mayer Brown LLP Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 05 / 03 / 2012
Transaction ID : SA11AI.5126

Amount of Each Receipt this Period
500.00

Individual contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 1500.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 19 OF 51
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)
A. Stanley F. Whitman

Mailing Address 9700 Collins Ave.
3rd Floor

City State Zip Code
Bal Harbour FL 33154

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

Name of Employer Occupation
Self-employed Attorney

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 07 / 2012

Transaction ID : SA11AI.5141

Amount of Each Receipt this Period
1000.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. Joel Williamson

Mailing Address 1040 North Lake Shore Dr.

City State Zip Code
Chicago IL 60611

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

Name of Employer Occupation
Mayber Brown LLP Partner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
MM / DD / YYYY
05 / 01 / 2012

Transaction ID : SA11AI.5116

Amount of Each Receipt this Period
1000.00

Individual contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
MM / DD / YYYY

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	126650.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 20 OF 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input checked="" 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. Leo Linbeck III
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22500

City Houston	State TX	Zip Code 77227
-----------------	-------------	-------------------

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

Name of Employer Aquinas Companies, LLC	Occupation President & CEO
--------------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
640000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	15	/	2012

Transaction ID : SA13.5264

Amount of Each Receipt this Period
160000.00

Loan

B. Leo Linbeck III
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 22500

City Houston	State TX	Zip Code 77227
-----------------	-------------	-------------------

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

Name of Employer Aquinas Companies, LLC	Occupation President & CEO
--------------------------------------------	-------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
740000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
05	/	22	/	2012

Transaction ID : SA13.5265

Amount of Each Receipt this Period
100000.00

Loan

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

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	260000.00
TOTAL This Period (last page this line number only).....▶	260000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 21 OF 51
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. Lewis Advertising
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 544

City Wetumpka	State FL	Zip Code 36092
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 27500.00	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 01 / 2012
Transaction ID : SA15.5274

Amount of Each Receipt this Period
27500.00

Refund from advertising not spent

B. Lewis Advertising
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 544

City Wetumpka	State FL	Zip Code 36092
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 29326.65	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 04 / 2012
Transaction ID : SA15.5275

Amount of Each Receipt this Period
1826.65

Refund from advertising not spent

C. Lewis Advertising
Full Name (Last, First, Middle Initial)
Mailing Address PO Box 544

City Wetumpka	State FL	Zip Code 36092
FEC ID number of contributing federal political committee. C		
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 39326.65	

Date of Receipt
M M M / D D D / Y Y Y Y Y Y
05 / 09 / 2012
Transaction ID : SA15.5276

Amount of Each Receipt this Period
10000.00

Refund from advertising not spent

SUBTOTAL of Receipts This Page (optional).....▶	39326.65
TOTAL This Period (last page this line number only).....▶	

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one)	PAGE 22 OF 51
<input type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14
<input checked="" type="checkbox"/> 11c <input type="checkbox"/> 15	<input type="checkbox"/> 12 <input type="checkbox"/> 16
<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

A. Lewis Advertising

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 544

City Wetumpka State FL Zip Code 36092

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
50921.65

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 05 / 15 / 2012

Transaction ID : SA15.5277

Amount of Each Receipt this Period
11595.00

Refund of advertising not spent

B.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)
Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	11595.00
TOTAL This Period (last page this line number only).....▶	50921.65

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Lina Al-Salim

Mailing Address 18206 Memorial Falls Dr.

City Tomball State TX Zip Code 77375

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5253

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Aquinas Companies, LLC

Mailing Address 3900 Essex Lane Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Office expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5248

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement
Banking fees

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5242

Amount of Each Disbursement this Period

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

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Brierfield Campaigns, Inc

Mailing Address 1000 E William St.
Suite 204

City Carson City State NV Zip Code 89701

Purpose of Disbursement
Consulting

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 14 / 2012

Transaction ID : SB21B.5285

Amount of Each Disbursement this Period

16370.00

Full Name (Last, First, Middle Initial)

B. BRI Essex, LLC

Mailing Address PO Box 203015

City Dallas State TX Zip Code 75320-3015

Purpose of Disbursement
Rent

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2012

Transaction ID : SB21B.5251

Amount of Each Disbursement this Period

499.04

Full Name (Last, First, Middle Initial)

C. Ceterus, Inc.

Mailing Address PO Box 19366

City Kalamazoo State MI Zip Code 49019

Purpose of Disbursement
Accounting fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2012

Transaction ID : SB21B.5241

Amount of Each Disbursement this Period

2110.23

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

18979.27

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Ceterus, Inc.

Mailing Address PO Box 19366

City Kalamazoo State MI Zip Code 49019

Purpose of Disbursement
Office expenses

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 17 / 2012

Transaction ID : SB21B.5249

Amount of Each Disbursement this Period

180.09

Full Name (Last, First, Middle Initial)

B. Ceterus, Inc.

Mailing Address PO Box 19366

City Kalamazoo State MI Zip Code 49019

Purpose of Disbursement
Accounting fees

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : SB21B.5278

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Hannah Christian

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2012

Transaction ID : SB21B.5259

Amount of Each Disbursement this Period

1000.00

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

3180.09

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Hannah Christian

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Office expenses

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : SB21B.5288

Amount of Each Disbursement this Period

1011.57

Full Name (Last, First, Middle Initial)

B. Hannah Christian

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Payroll

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 31 / 2012

Transaction ID : SB21B.5291

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. CMF Communications

Mailing Address 25000 Portofino Cir.
#129

City Palm Beach Gardens State FL Zip Code 33148-1293

Purpose of Disbursement
Printing

006

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2012

Transaction ID : SB21B.5289

Amount of Each Disbursement this Period

463.18

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

2474.75

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. CMF Communications

Mailing Address 25000 Portofino Cir.
#129

City State Zip Code
Palm Beach Gardens FL 33148-1293

Purpose of Disbursement
Communication expense

004

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 08 / 2012

Transaction ID : SB21B.5290

Amount of Each Disbursement this Period

16.88

Full Name (Last, First, Middle Initial)

B. LeClairRyan

Mailing Address PO Box 2499

City State Zip Code
Richmond VA 23218

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 09 / 2012

Transaction ID : SB21B.5245

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

C. LeClairRyan

Mailing Address PO Box 2499

City State Zip Code
Richmond VA 23218

Purpose of Disbursement
Legal fees

001

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
05 / 29 / 2012

Transaction ID : SB21B.5281

Amount of Each Disbursement this Period

14365.00

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

24381.88

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Lewis Advertising

Mailing Address PO Box 544

City Wetumpka State FL Zip Code 36092

Purpose of Disbursement
Production and development costs

004
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 31 / 2012

Transaction ID : SB21B.5283

Amount of Each Disbursement this Period

21150.00

Full Name (Last, First, Middle Initial)

B. Jonathan Martin

Mailing Address 1739 Maybank Highway
Suite T-346

City Charleston State SC Zip Code 29412

Purpose of Disbursement
Treasury services

001
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 17 / 2012

Transaction ID : SB21B.5247

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Piryx, Inc.

Mailing Address 144 2nd St.
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Merchant processing fees

003
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
05 / 30 / 2012

Transaction ID : SB21B.5240

Amount of Each Disbursement this Period

1057.96

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

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

23207.96

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Prime Rate Premium Finance Corporation, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	6		2	0	1	2

Mailing Address PO Box 100507

Transaction ID : SB21B.5243

City State Zip Code
Florence SC 29502

Amount of Each Disbursement this Period

2	9	0	5	.	1	3
---	---	---	---	---	---	---

Purpose of Disbursement
Insurance premium

0	0	1
Category/ Type		

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. Raconteur Media Company, Inc.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	5		2	0	1	2

Mailing Address 720 Brazos Street
Ste. 400

Transaction ID : SB21B.5250

City State Zip Code
Austin TX 78701

Amount of Each Disbursement this Period

2	0	3	1	.	6	9
---	---	---	---	---	---	---

Purpose of Disbursement
Registrations

0	0	1
Category/ Type		

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. Relevant Information Ltd.

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		1	7		2	0	1	2

Mailing Address 439 E 9th Street

Transaction ID : SB21B.5257

City State Zip Code
New York NY 10009

Amount of Each Disbursement this Period

6	0	0	0	.	0	0
---	---	---	---	---	---	---

Purpose of Disbursement
Media relations

0	0	1
Category/ Type		

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

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

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

1	0	9	3	.	6	8	2
---	---	---	---	---	---	---	---

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**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Relevant Information Ltd.

Mailing Address 439 E 9th Street

City New York State NY Zip Code 10009

Purpose of Disbursement
Travel expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5262

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Michael Smith

Mailing Address 3616 Duchess Trail

City Dallas State TX Zip Code 75229

Purpose of Disbursement
Blogging

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5255

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Jamie Story

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5258

Amount of Each Disbursement this Period

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

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Jamie Story

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Payroll

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5292

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Webster, Chamberlain & Bean, LLP

Mailing Address 1747 Pennsylvania Ave., NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5246

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Webster, Chamberlain & Bean, LLP

Mailing Address 1747 Pennsylvania Ave., NW

City Washington State DC Zip Code 20006

Purpose of Disbursement
Legal fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5280

Amount of Each Disbursement this Period

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

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC

Full Name (Last, First, Middle Initial)

A. Corie Whalen

Mailing Address 2565 Marilee Lane
#2

City Houston State TX Zip Code 77057

Purpose of Disbursement
Payroll

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5252

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC** Transaction ID : **SC/10.5267**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leo Linbeck III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22500	
City Houston State TX ZIP Code 77227	

Original Amount of Loan 130000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 130000.00
--------------------------------------	------------------------------------	----------------------------------------------------------

TERMS

Date Incurred: MM / DD / YYYY (04 / 30 / 2012) Date Due: MM / DD / YYYY (12/31/12) Interest Rate: 6.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	130000.00
TOTALS This Period (last page in this line only)..... ▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC** Transaction ID : **SC/10.5264**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leo Linbeck III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22500	
City Houston State TX ZIP Code 77227	

Original Amount of Loan 160000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 160000.00
--------------------------------------	------------------------------------	----------------------------------------------------------

TERMS

Date Incurred: MM / DD / YYYY (05 / 15 / 2012) Date Due: MM / DD / YYYY (12/31/12) Interest Rate: 6.00 % (apr) Secured: Yes No

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional).....▶	[] 160000.00
TOTALS This Period (last page in this line only).....▶	[]

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE C (FEC Form 3X)

LOANS

NAME OF COMMITTEE (In Full) **CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC** Transaction ID : **SC/10.5265**

LOAN SOURCE Full Name (Last, First, Middle Initial) Leo Linbeck III	Election: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
Mailing Address PO Box 22500	
City Houston State TX ZIP Code 77227	

Original Amount of Loan 100000.00	Cumulative Payment To Date 0.00	Balance Outstanding at Close of This Period 100000.00
--------------------------------------	------------------------------------	----------------------------------------------------------

TERMS

Date Incurred MM / DD / YYYY 05 / 22 / 2012	Date Due MM / DD / YYYY 12/31/12	Interest Rate 6.00 % (apr)	Secured: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---------------------------------------------------	----------------------------------------	-------------------------------	---------------------------------------------------------------------------------

List All Endorsers or Guarantors (if any) to Loan Source

1. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
2. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
3. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []
4. Full Name (Last, First, Middle Initial)	Name of Employer
Mailing Address	Occupation
City State ZIP Code	Amount Guaranteed Outstanding: []

SUBTOTALS This Period This Page (optional)..... ▶	100000.00
TOTALS This Period (last page in this line only)..... ▶	390000.00

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Alliance Strategies Group, LLC		Date M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2012
Mailing Address 7700 Congress Avenue Ste 3208		Amount 930.00
City Boca Raton	State FL	
Zip Code 33487		Transaction ID : SE.4918
Purpose of Expenditure Email communication	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 65556.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Alliance Strategies Group, LLC		Date M M M / D D D / Y Y Y Y Y Y 05 / 01 / 2012
Mailing Address 7700 Congress Avenue Ste 3208		Amount 930.00
City Boca Raton	State FL	
Zip Code 33487		Transaction ID : SE.4925
Purpose of Expenditure Email communication	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 67686.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1860.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin

Signature _____ [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Alliance Strategies Group, LLC		Date MM / DD / YYYY 05 / 02 / 2012
Mailing Address 7700 Congress Avenue Ste 3208		Amount 930.00
City Boca Raton	State FL	
Purpose of Expenditure Email communication	Category/ Type 004	Transaction ID : SE.4932
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 115966.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Alliance Strategies Group, LLC		Date MM / DD / YYYY 05 / 04 / 2012
Mailing Address 7700 Congress Avenue Ste 3208		Amount 930.00
City Boca Raton	State FL	
Purpose of Expenditure Email communication	Category/ Type 004	Transaction ID : SE.4937
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 117496.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1860.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Alliance Strategies Group, LLC		Date M M M / D D D / Y Y Y Y Y Y 05 / 06 / 2012
Mailing Address 7700 Congress Avenue Ste 3208		Amount 930.00
City Boca Raton	State FL	
Zip Code 33487		Transaction ID : SE.4947
Purpose of Expenditure Email communication	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 130926.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Brierfield Campaigns, Inc		Date M M M / D D D / Y Y Y Y Y Y 05 / 17 / 2012
Mailing Address 1000 E William St. Suite 204		Amount 5000.00
City Carson City	State NV	
Zip Code 89701		Transaction ID : SE.5084
Purpose of Expenditure Email	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 13 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 5000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	5930.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature [Electronically Filed] Date M M M / D D D / Y Y Y Y Y Y
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y	

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date 05 / 14 / 2012
Mailing Address 527 Avenue B		Amount 50000.00
City Redondo Beach	State Zip Code CA 90277-4183	
Purpose of Expenditure Television advertisement	Category/ Type 004	Transaction ID : SE.4958
Name of Federal Candidate Supported or Opposed by Expenditure: SILVESTRE REYES		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 50000.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date 05 / 18 / 2012
Mailing Address 527 Avenue B		Amount 70000.00
City Redondo Beach	State Zip Code CA 90277-4183	
Purpose of Expenditure Television advertisement	Category/ Type 004	Transaction ID : SE.5059
Name of Federal Candidate Supported or Opposed by Expenditure: SILVESTRE REYES		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 120000.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	120000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Jonathan Martin

Signature _____ [Electronically Filed] Date 07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00502849 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 18 / 2012</div>
Mailing Address 527 Avenue B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">21000.00</div>
City Redondo Beach	State Zip Code CA 90277-4183	
Purpose of Expenditure Radio advertisement	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SILVESTRE REYES		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">141000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.5061

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 18 / 2012</div>
Mailing Address 527 Avenue B		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">9000.00</div>
City Redondo Beach	State Zip Code CA 90277-4183	
Purpose of Expenditure Television and radio production	Category/Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SILVESTRE REYES		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">150000.00</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____

Transaction ID : SE.5063

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">30000.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;"> </div>

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.

Jonathan Martin

Signature _____ [Electronically Filed] Date MM / DD / YYYY

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2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date MM / DD / YYYY 05 / 23 / 2012
Mailing Address 527 Avenue B		Amount 45000.00
City Redondo Beach	State Zip Code CA 90277-4183	
Purpose of Expenditure Television advertisement	Category/Type 004	Transaction ID : SE.5092
Name of Federal Candidate Supported or Opposed by Expenditure: SILVESTRE REYES		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 195000.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Fortune Media, Inc.		Date MM / DD / YYYY 05 / 29 / 2012
Mailing Address 527 Avenue B		Amount 45000.00
City Redondo Beach	State Zip Code CA 90277-4183	
Purpose of Expenditure Television advertisement	Category/Type 004	Transaction ID : SE.5051
Name of Federal Candidate Supported or Opposed by Expenditure: SILVESTRE REYES		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 16 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 240000.00		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	90000.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature

[Electronically Filed] Date **07 / 23 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00502849 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Lewis Advertising		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 02 / 2012</div>	
Mailing Address PO Box 544		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">25000.00</div>	
City Wetumpka	State FL	Zip Code 36092	
Purpose of Expenditure Radio advertisement	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">92686.99</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : SE.4928

Full Name (Last, First, Middle Initial) of Payee Lewis Advertising		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 02 / 2012</div>	
Mailing Address PO Box 544		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">22350.00</div>	
City Wetumpka	State FL	Zip Code 36092	
Purpose of Expenditure Television advertisement	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President	
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">115036.99</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶	

Transaction ID : SE.4930

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;">47350.00</div>
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>
(c) TOTAL Independent Expenditures.....▶	<div style="border: 1px solid black; padding: 2px; display: inline-block;"> </div>

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.

Jonathan Martin

Signature _____ [Electronically Filed] Date MM / DD / YYYY

07

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2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Lewis Advertising		Date MM / DD / YYYY 05 / 17 / 2012
Mailing Address PO Box 544		Amount 84125.00
City Wetumpka	State FL	Zip Code 36092
Purpose of Expenditure Television and radio advertisement	Category/Type 004	Transaction ID : SE.5056
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 109865.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 01 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 29902.67
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Mail piece	Category/Type 006	Transaction ID : SE.4909
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 29902.67		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	114027.67
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature [Electronically Filed] Date MM / DD / YYYY
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 01 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 600.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type 004	Transaction ID : SE.4923
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 66756.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 02 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 600.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type 004	Transaction ID : SE.4934
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 116566.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin

Signature _____ [Electronically Filed] Date MM / DD / YYYY
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 04 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 600.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type 004	Transaction ID : SE.4940
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 118096.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 06 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 600.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type 004	Transaction ID : SE.4949
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 131526.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

(a) SUBTOTAL of Itemized Independent Expenditures.....	1200.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature [Electronically Filed] Date MM / DD / YYYY
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 06 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 1375.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Website development and production	Category/ Type 006	Transaction ID : SE.4951
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 132901.99		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 17 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 15740.32
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Mail piece	Category/ Type 006	Transaction ID : SE.5054
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Calendar Year-To-Date Per Election for Office Sought 25740.32		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	17115.32
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(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 either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Jonathan Martin
Signature

[Electronically Filed] Date **07 / 23 / 2012**

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER ▼ <div style="border: 1px solid black; padding: 2px; display: inline-block;"> C C00502849 </div>
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 21 / 2012</div>
Mailing Address 3101 Lee Highway Suite 18 #136		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">15740.32</div>
City Bristol	State VA	
Zip Code 24202		Transaction ID : SE.5072
Purpose of Expenditure Mail piece	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">125605.64</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">05 / 22 / 2012</div>
Mailing Address 3101 Lee Highway Suite 18 #136		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block;">18860.08</div>
City Bristol	State VA	
Zip Code 24202		Transaction ID : SE.5075
Purpose of Expenditure Mail piece	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">006</div>	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought <div style="border: 1px solid black; padding: 2px; display: inline-block;">144465.72</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	34600.40
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Jonathan Martin
[Electronically Filed]
Date

Signature 07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 23 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 19905.08
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Maile piece	Category/ Type 006	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 164370.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.5078

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 24 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 1500.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 165870.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.5081

(a) SUBTOTAL of Itemized Independent Expenditures.....	21405.08
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Jonathan Martin
Signature [Electronically Filed] Date MM / DD / YYYY
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC		FEC IDENTIFICATION NUMBER C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on		MM / DD / YYYY

Full Name (Last, First, Middle Initial) of Payee Message & Media		Date MM / DD / YYYY 05 / 27 / 2012
Mailing Address 3101 Lee Highway Suite 18 #136		Amount 1500.00
City Bristol	State VA	Zip Code 24202
Purpose of Expenditure Email communication	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: TX <input type="checkbox"/> Senate District: 04 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 167370.80		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.5089

Full Name (Last, First, Middle Initial) of Payee Undertone		Date MM / DD / YYYY 05 / 01 / 2012
Mailing Address 101 Park Avenue 17th Floor		Amount 10000.00
City New York	State NY	Zip Code 10178
Purpose of Expenditure Internet advertisement and video production	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: IN <input type="checkbox"/> Senate District: 05 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: DAVID MARTIN MCINTOSH		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 39902.67		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)

Transaction ID : SE.4912

(a) SUBTOTAL of Itemized Independent Expenditures.....	11500.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures.....	

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Jonathan Martin
Signature [Electronically Filed] Date MM / DD / YYYY
07 / 23 / 2012

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

NAME OF COMMITTEE (In Full) CAMPAIGN FOR PRIMARY ACCOUNTABILITY INC	FEC IDENTIFICATION NUMBER ▼ C C00502849
Check if <input type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report <input type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name (Last, First, Middle Initial) of Payee Undertone		Date MM / DD / YYYY 05 / 05 / 2012
Mailing Address 101 Park Avenue 17th Floor		Amount 11900.00
City New York	State NY	
Zip Code 10178	Transaction ID : SE.4943	
Purpose of Expenditure Internet advertisement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>IN</u> <input type="checkbox"/> Senate District: <u>05</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: SUSAN BROOKS		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 129996.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Undertone		Date MM / DD / YYYY 05 / 11 / 2012
Mailing Address 101 Park Avenue 17th Floor		Amount 10000.00
City New York	State NY	
Zip Code 10178	Transaction ID : SE.4954	
Purpose of Expenditure Internet advertisement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>TX</u> <input type="checkbox"/> Senate District: <u>04</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: RALPH MOODY HALL		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 10000.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	21900.00
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	545272.79

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Jonathan Martin
Signature

[Electronically Filed] Date **07 / 23 / 2012**