



PRO-LIFE PAC OF SOUTHEASTERN PENNSYLVANIA

RECEIVED

PO BOX 291 • JENKINTOWN, PA 19046 • (215) 886-0218

2012 OCT 19 AM 8:34

FEC MAIL CENTER

10-15-12

DEAR FEC,

Please find enclosed our

Report.

3rd Quarter 2012

Sincerely,

John Stanton
Treas.

12830920927

**FEC
FORM 3X**

**REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

RECEIVED
2012 OCT 19 AM 8:34

FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

PRO LIFE PAC OF S.E. PA

ADDRESS (number and street)

327 SUMMIT AVE

JENKINTOWN PA 19046

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C00519108

3. IS THIS REPORT

☐

NEW (N)

OR

☐

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

XX

(d) 30-Day POST-Election Report for the:

☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

MM / DD / YYYY

In the State of

XX

5. Covering Period

7 to 2012

through

9 30 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

JOHN P STANTON

Signature of Treasurer

John P Stanton

Date

MM / DD / YYYY

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

FEC FORM 3X
Rev. 12/2004

12030920928

DETAILED SUMMARY PAGE of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

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).....

- (ii) Unitemized.....
- (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

- (b) Political Party Committees.....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5).....▶

12. Transfers From Affiliated/Other Party Committees.....

13. All Loans Received.....

14. Loan Repayments Received.....

15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds
- (a) Non-Federal Account (from Schedule H3).....

- (b) Levin Funds (from Schedule H5).....

- (c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

323500

323500

323500

323500

12030920929

Page 4

COLUMN B
Calendar Year-to-Date

- [illegible]

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

12030920931

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER:		PAGE	OF
(check only one)			
<input 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) **PRO LIFE PAC SE Pa** **C00513184**

A. Full Name (Last, First, Middle Initial) ARTHUR BURKE		Date of Receipt 8 / 12 / 2012
Mailing Address 1025 Highland AVE		Amount of Each Receipt this Period <div></div>
City ABINGTON	State PA Zip Code 19001	
FEC ID number of contributing federal political committee. C		
Name of Employer RETIRED	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100

B. Full Name (Last, First, Middle Initial) James Fitzsimons		Date of Receipt 8 / 20 / 2012
Mailing Address 315 Waverly Ave		Amount of Each Receipt this Period <div></div>
City Malvern	State Pa Zip Code 19355	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100

C. Full Name (Last, First, Middle Initial) Wm Woghtemuth		Date of Receipt 8 / 15 / 2012
Mailing Address 117 Center Ln		Amount of Each Receipt this Period <div></div>
City Wark Chester	State Pa Zip Code 19380	
FEC ID number of contributing federal political committee. C		
Name of Employer Retired	Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 100

SUBTOTAL of Receipts This Page (optional).....	<div></div>
TOTAL This Period (last page this line number only).....	<div></div>

12030920932

12030920933

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

A. Full Name (Last, First, Middle Initial)
Robert Hurst

Mailing Address
648 Wagner Rd

City *Lafayette Hill* State *Pa* Zip Code *19444*

FEC ID number of contributing federal political committee. *C* *2500*

Name of Employer *Retired* Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ☐

Aggregate Year-to-Date *2500*

Date of Receipt
8 / *20* / *2012*

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial)
Wm Walsh

Mailing Address
500 Benjamin Baptist Rd

City *Devon* State *Pa* Zip Code *19333*

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

Name of Employer *Retired* Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ☐

Aggregate Year-to-Date *5000*

Date of Receipt
8 / *1* / *2012*

Amount of Each Receipt this Period

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

Mailing Address
369 Caspian Tern Dr

City *Myrtle Beach* State *SC* Zip Code *29588*

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

Name of Employer Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ☐

Aggregate Year-to-Date *10.00*

Date of Receipt

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional) *2500*

TOTAL This Period (last page this line number only) *2500*

12030920934

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 OF	
<input 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)

Full Name (Last, First, Middle Initial) A. <u>EDFORD JOHN</u>		Date of Receipt <u>7</u> / <u>30</u> / <u>2012</u>	
Mailing Address <u>949 PENNOAK RD</u>		Amount of Each Receipt this Period	
City <u>AMBLER</u>	State <u>PA</u>	<input type="text"/>	
Zip Code <u>19002</u>			
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer <u>Automotive Control</u>		Occupation <u>EX</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>		Aggregate Year-to-Date <u>1000.00</u>	

Full Name (Last, First, Middle Initial) B. <u>PINTO MATT</u>		Date of Receipt <u>7</u> / <u>30</u> / <u>2012</u>	
Mailing Address <u>92 CHERRY FARM LN</u>		Amount of Each Receipt this Period	
City <u>WEST CHESTER</u>	State <u>PA</u>	<input type="text"/>	
Zip Code <u>19382</u>			
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer		Occupation	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>		Aggregate Year-to-Date <u>500.00</u>	

Full Name (Last, First, Middle Initial) C. <u>SHERY M. M.</u>		Date of Receipt <u>7</u> / <u>30</u> / <u>2012</u>	
Mailing Address <u>1400 MAVERLY RD</u>		Amount of Each Receipt this Period	
City <u>GLADWYNE</u>	State <u>PA</u>	<input type="text"/>	
Zip Code <u>19035</u>			
FEC ID number of contributing federal political committee. <u>C</u>			
Name of Employer		Occupation <u>RETIRED</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) <u> </u>		Aggregate Year-to-Date <u>250.00</u>	

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

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		OF	
<input 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)

A. Full Name (Last, First, Middle Initial)
HOPFNER

Mailing Address
3521 ORCHARD RD

City
HUNTINGDON VALLEY State
PA Zip Code
19006

FEC ID number of contributing federal political committee.
C **10000**

Name of Employer
Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

8 / **8** / **2012**

Amount of Each Receipt this Period

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

Mailing Address
220 LAWRENCE RD

City
BROOMALL State
PA Zip Code

FEC ID number of contributing federal political committee.
C **5000**

Name of Employer
Occupation
RETIRED

Receipt For:
☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

8 / **7** / **2012**

Amount of Each Receipt this Period

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

Mailing Address
219 ORCHARD WAY

City
WAYNE State
PA Zip Code
19087

FEC ID number of contributing federal political committee.
C

Name of Employer
Occupation

Receipt For:
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼
25000

Date of Receipt

8 / **7** / **2012**

Amount of Each Receipt this Period

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

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	OF
(check only one)			
<input 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)

A. Full Name (Last, First, Middle Initial) **McMONAGLE MARY ESQ**

Date of Receipt

8 / 31 / 2012

Mailing Address

4030 KOTLER DR

City

LAFAYETTE HILL PA

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 ▼

10000

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial) **DALY MARY**

Date of Receipt

8 / 16 / 2012

Mailing Address

920 STURGIS LN

City

AMBLEE

State

Zip Code

PA 19002

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

MCMGIL LABS

SALES

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

20000

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) **PINTO MATT**

Date of Receipt

9 / 2 / 2012

Mailing Address

92 CHERRY HILL RD

City

WEST CHESTER

State

Zip Code

PA 19382

FEC ID number of contributing federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

75000

Amount of Each Receipt this Period

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

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	OF
(check only one)			
<input 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)

A. Full Name (Last, First, Middle Initial) **MONAHAN JOHN**

Mailing Address **121 WATERCREST DR**

City **DOYLES TOWN** State **PA** Zip Code **18901**

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

Name of Employer _____ Occupation **RETIRES**

Receipt For: ☐ Primary ☒ General
Other (specify) ▼

Aggregate Year-to-Date ▼ **2500**

Date of Receipt

9 / 10 / 2012

Amount of Each Receipt this Period

B. Full Name (Last, First, Middle Initial) **MELE MARIO**

Mailing Address **1240 PINE TOWN RD**

City **FORT WASHINGTON** State **PA** Zip Code **19034**

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

Name of Employer **DENTISTRY INC** Occupation **EX**

Receipt For: ☐ Primary ☒ General
Other (specify) ▼

Aggregate Year-to-Date ▼ **25000**

Date of Receipt

9 / 10 / 2012

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial) **CORKERY GERALD**

Mailing Address **2035 HUNTING RD**

City **HUNTINGTON VALLEY** State **PA** Zip Code **19006**

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

Name of Employer _____ Occupation **EX**

Receipt For: ☐ Primary ☐ General
Other (specify) ▼

Aggregate Year-to-Date ▼ **10000**

Date of Receipt

9 / 10 / 2012

Amount of Each Receipt this Period

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

TOTAL This Period (last page this line number only).....▶ **3235**

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE OF

☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

PRO LIFE PAC SE PA

Full Name (Last, First, Middle Initial)

A. ROONEY FOR CONGRESS

Mailing Address

4 SHADY LANE

City: ROCKLEDGE State: PA Zip Code: 19046

Purpose of Disbursement

USE IN CAMPAIGN

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

1,000.00

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☒ General
☐ Other (specify) ▼

State: PA

District:

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/
Type

Amount of Each Disbursement this Period

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

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

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

SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES

PAGE 1 OF 1
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) PRO LIFE PAC SE PA		FEC IDENTIFICATION NUMBER ▼ 000513184
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice		

Full Name (Last, First, Middle Initial) of Payee ROONEY FOR CONGRESS		Date 9 / 30 / 2012
Mailing Address 4 SHADY LANE		Amount 1600.00
City ROCKLEGE	State PA	Zip Code 19046
Purpose of Expenditure CAMPAIGN	Category/Type	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 13
Name of Federal Candidate Supported or Opposed by Expenditure: JOE ROONEY		Check One: <input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)

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

(a) SUBTOTAL of Itemized Independent Expenditures	
(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.

Signature _____ Date **9 / 30 / 2012**

Federal Election Commission
ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS
The FEC added this page to the end of this filing to indicate how it was received.

<input type="checkbox"/> Hand Delivered	Date of Receipt
<input checked="" type="checkbox"/> USPS First Class Mail	Postmarked <i>10/15/12</i>
<input type="checkbox"/> USPS Registered/Certified	Postmarked (R/C)
<input type="checkbox"/> USPS Priority Mail	Postmarked
Delivery Confirmation™ or Signature Confirmation™ Label <input type="checkbox"/>	
<input type="checkbox"/> USPS Express Mail	Postmarked
<input type="checkbox"/> Postmark Illegible	
<input type="checkbox"/> No Postmark	
<input type="checkbox"/> Overnight Delivery Service (Specify):	Shipping Date
Next Business Day Delivery <input type="checkbox"/>	
<input type="checkbox"/> Received from House Records & Registration Office	Date of Receipt
<input type="checkbox"/> Received from Senate Public Records Office	Date of Receipt
<input type="checkbox"/> Received from Electronic Filing Office	Date of Receipt
<input type="checkbox"/> Other (Specify):	Date of Receipt or Postmarked
<i>JmH</i> PREPARER	<i>10/15/12</i> DATE PREPARED

(3/2005)

12030920940