

FEC
FORM 3P

REPORT OF RECEIPTS AND DISBURSEMENTS

BY AN AUTHORIZED COMMITTEE OF A CANDIDATE
FOR THE OFFICE OF PRESIDENT OR VICE PRESIDENT

RECEIVED

2012 DEC 10 PM 12:30
Office Use Only

FEC MAIL CENTER
12 FEB 15

1. NAME OF COMMITTEE (in full, type or print)

Example: If typing, type over the lines.

FEDERALIST PARTY

ADDRESS (number and street)

81 COUNTY ROAD 377

Check if different
than previously
reported. (ACC)

BUKA CITY MS 38653-7027

CITY

STATE

ZIP CODE

2. FEC IDENTIFICATION NUMBER

C 0 0 5 1 1 9 3 1

3. THIS REPORT IS FOR Primary

or General

X

4. TYPE OF REPORT (Choose One)

Check here if this is a Termination Report (TER) X

Quarterly Reports:

Monthly Reports:

April 15 (Q1)

October 15 (Q3)

Feb 20 (M2)

May 20 (M5)

Aug 20 (M8)

Nov 20 (M11)

July 15 (Q2)

January 31 Year-End Report (YE)

Mar 20 (M3)

Jun 20 (M6)

Sep 20 (M9)

Dec 20 (M12)

Apr 20 (M4)

Jul 20 (M7)

Oct 20 (M10)

Jan 31 (YE)

Thirtieth day report following the General Election

MM / DD / YYYY

on

Twelfth day report preceding

MM / DD / YYYY

on

election

in the State of

Is this Report an Amendment?

yes no

5. Covering Period

MM / DD / YYYY
10 15 2012

through

MM / DD / YYYY
12 15 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

JOSEPH FELIX LBONAITIS

Signature of Treasurer

Joseph Felix Lbonaitis

Date

MM / DD / YYYY
12 01 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. All previous versions of this form are obsolete and should no longer be used.

Office
Use
Only

12030973939

Write or Type Committee Name

FEDERALIST PARTY

Report Covering the Period: From: 10 / 15 / 2012 To: 12 / 15 / 2012

SUMMARY

- 6. CASH ON HAND AT BEGINNING OF REPORTING PERIOD
7. TOTAL RECEIPTS THIS PERIOD (From Line 22, Column A, Page 3)
8. SUBTOTAL (Lines 6 and 7)
9. TOTAL DISBURSEMENTS THIS PERIOD (From Line 30, Column A, Page 2)
10. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (Subtract Line 9 from 8)
11. DEBTS AND OBLIGATIONS OWED TO THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)
12. DEBTS AND OBLIGATIONS OWED BY THE COMMITTEE (Itemize All on Schedule C-P or Schedule D-P)
13. EXPENDITURES SUBJECT TO LIMITATION

NET ELECTION CYCLE-TO-DATE CONTRIBUTIONS AND EXPENDITURES

- 14. NET CONTRIBUTIONS (Other than Loans) (Subtract Line 28d, Column B from 17e, Column B, Page 2)
15. NET OPERATING EXPENDITURES (Subtract Line 20a, Column B from 23, Column B, Page 2)

12030973940

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3P (Rev. 03/2011)

Page 3

NAME OF COMMITTEE (in Full)

FEDERALIST PARTY

Report Covering the Period: From: 10 / 15 / 2012

To: 12 / 15 / 2012

I. RECEIPTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

16. FEDERAL FUNDS (Itemize on Schedule A-P).....	0	0
17. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) itemized	0	0
(ii) unitemized	0	0
(iii) Total contributions	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees	0	0
(d) The Candidate.....	0	0
(e) TOTAL CONTRIBUTIONS (other than loans) (Add 17(a), 17(b), 17(c) and 17(d))	0	0
18. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....	0	0
19. LOANS RECEIVED:		
(a) Loans Received From or Guaranteed by Candidate.....	0	0
(b) Other Loans.....	0	0
(c) TOTAL LOANS (Add 19(a) and 19(b)).....	0	0
20. OFFSETS TO EXPENDITURES (Refunds, Rebates, etc.):		
(a) Operating	0	0
(b) Fundraising.....	0	0
(c) Legal and Accounting	0	0
(d) TOTAL OFFSETS TO EXPENDITURES (Add 20(a), 20(b) and 20(c))	0	0
21. OTHER RECEIPTS (Dividends, Interest, etc.).....	0	0
22. TOTAL RECEIPTS (Add 16, 17(e), 18, 19(c), 20(d) and 21)	0	0

12030973941

DETAILED SUMMARY PAGE
of Disbursements and Contributed Items

NAME OF COMMITTEE (in Full)

FEDERALIST PARTY

Report Covering the Period: From: 02 / 05 / 2012 To: 02 / 15 / 2012

II. DISBURSEMENTS

COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date

23. OPERATING EXPENDITURES.....	0	0
24. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0	0
25. FUNDRAISING DISBURSEMENTS	0	0
26. EXEMPT LEGAL AND ACCOUNTING DISBURSEMENTS.....	0	0
27. LOAN REPAYMENTS MADE:		
(a) Repayments of Loans made or Guaranteed by Candidate.....	0	0
(b) Other Repayments	0	0
(c) TOTAL LOAN REPAYMENTS MADE (Add 27(a) and 27(b)).....	0	0
28. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees.....	0	0
(b) Political Party Committees.....	0	0
(c) Other Political Committees	0	0
(d) TOTAL CONTRIBUTION REFUNDS (Add 28(a), 28(b) and 28(c))	0	0
29. OTHER DISBURSEMENTS	0	0
30. TOTAL DISBURSEMENTS (Add 23, 24, 25, 26, 27(c), 28(d) and 29)	0	0

III. CONTRIBUTED ITEMS
(Stock, Art Objects, Etc.)

31. ITEMS ON HAND TO BE LIQUIDATED (Attach List)	0	0
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**ALLOCATION OF PRIMARY EXPENDITURES
 BY STATE FOR
 A PRESIDENTIAL CANDIDATE**
 (Used Only by Primary Committees Receiving
 or Expecting To Receive Federal Funds)

Office Use Only

1. NAME OF COMMITTEE (in full, type or print) 2. FEC IDENTIFICATION NUMBER C 0 0 5 1 1 9 3 1

FEDERALIST PARTY

ADDRESS (number and street) 8 COUNTY ROAD 327

LUKA MS 38052-1027
 CITY STATE ZIP CODE

3. NAME OF CANDIDATE JOSEPH F BILIX LEONAITIS

ALLOCATION BY STATE

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Alabama	0	0
Alaska	0	0
Arizona	0	0
Arkansas	0	0
California	0	0
Colorado	0	0
Connecticut	0	0
Delaware	0	0
District of Columbia	0	0
Florida	0	0
Georgia	0	0
Hawaii	0	0
Idaho	0	0
Illinois	0	0

12030973943

12030973944

<i>STATE</i>	<i>ALLOCATION This Period</i>	<i>TOTAL ALLOCATION To Date</i>
Indiana	0	0
Iowa	0	0
Kansas	0	0
Kentucky	0	0
Louisiana	0	0
Maine	0	0
Maryland	0	0
Massachusetts	0	0
Michigan	0	0
Minnesota	0	0
Mississippi	0	0
Missouri	0	0
Montana	0	0
Nebraska	0	0
Nevada	0	0
New Hampshire	0	0
New Jersey	0	0
New Mexico	0	0
New York	0	0
North Carolina	0	0
North Dakota	0	0
Ohio	0	0
Oklahoma	0	0
Oregon	0	0
Pennsylvania	0	0

12030973945

STATE	ALLOCATION This Period	TOTAL ALLOCATION To Date
Rhode Island	0	0
South Carolina	0	0
South Dakota	0	0
Tennessee	0	0
Texas	0	0
Utah	0	0
Vermont	0	0
Virginia	0	0
Washington	0	0
West Virginia	0	0
Wisconsin	0	0
Wyoming	0	0
Puerto Rico	0	0
Guam	0	0
Virgin Islands	0	0
TOTALS	0	0

EXPENDITURES SUBJECT TO LIMIT

FEC Form 3P

(Used Only by Primary Committees Receiving or Expecting To Receive Federal Funds)

Page 4

NAME OF COMMITTEE (in Full)

FEDERALIST PARTY

Report Covering the Period: From: ^{M M / D D / Y Y Y Y} 1 0 / 1 8 / 2 0 1 2 To: ^{M M / D D / Y Y Y Y} 1 2 / 1 5 / 2 0 1 2

A. OPERATING EXPENDITURES (Line 23, Column B).....	0			
B. OPERATING OFFSETS Line 20a, Column B).....	0			
C. CURRENT YEAR NET OPERATING EXPENDITURES (Subtract Line B from A).....	0			
D. PRIOR YEAR(S) OPERATING EXPENDITURES	0			
E. PRIOR YEAR(S) OPERATING OFFSETS	0			
F. PRIOR YEAR(S) NET OPERATING EXPENDITURES (Subtract Line E from D).....	0			
G. FUNDRAISING DISBURSEMENTS (Line 25, Column B).....	0			
H. OFFSETS TO FUNDRAISING DISBURSEMENTS (Line 20b, Column B).....	0			
I. CURRENT YEAR NET FUNDRAISING DISBURSEMENTS (Subtract Line H from G)	0			
J. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS.....	0			
K. PRIOR YEAR(S) FUNDRAISING DISBURSEMENTS OFFSETS.....	0			
L. PRIOR YEAR(S) NET FUNDRAISING DISBURSEMENTS (Subtract Line K from J)	0			
M. TOTAL NET FUNDRAISING DISBURSEMENTS (Add Lines I and L)	0			
N. 20% EXEMPTION (20% of Overall Expenditure Limit).....	0			
O. TOTAL FUNDRAISING DISBURSEMENTS SUBJECT TO LIMIT (Subtract Line N from M).....	0			
P. TOTAL EXPENDITURES SUBJECT TO LIMITATION (Add Lines C, F and O).....	0			

12030973946

**SCHEDULE A-P
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"/> 16	<input type="checkbox"/> 17a	<input type="checkbox"/> 17b	<input type="checkbox"/> 17c	<input type="checkbox"/> 17d	<input type="checkbox"/> 18
<input type="checkbox"/> 19a	<input type="checkbox"/> 19b	<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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)

FEDERALIST PARTY

A. 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) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

MM / DD / YYYY

Amount of Each Receipt this Period

0

Subtotal Of Receipts This Page (optional).....▶ 0

Total This Period (last page this line number only).....▶ 0

12030973947

**SCHEDULE B-P
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

PAGE 1 OF 1

23 24 25 26 27a
 27b 28a 28b 28c 29

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NAME OF COMMITTEE (In Full)

FEDERALIST PARTY

Full Name (Last, First, Middle Initial)

A.

Date of Disbursement

MM / DD / YYYY

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)

B.

Date of Disbursement

MM / DD / YYYY

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.

Date of Disbursement

MM / DD / YYYY

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 Receipts This Page (optional).....▶ ○

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

12030973948

**SCHEDULE C-P
LOANS**

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

PAGE 1 OF 1

FOR LINE NUMBER: (check only one) 19a 19b

NAME OF COMMITTEE (In Full)

FEDERALIST PARTY

LOAN SOURCE Full Name (Last, First, Middle Initial)

Election:

Primary

General

Other (specify) ▼

Mailing Address

City

State

ZIP Code

Original Amount of Loan

Cumulative Payment To Date

Balance Outstanding at Close of This Period

TERMS

Date Incurred

Date Due

Interest Rate

Secured:

MM / DD / YYYY MM / DD / YYYY

% (apr)

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: 0

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: 0

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: 0

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

Name of Employer

Mailing Address

Occupation

City

State

ZIP Code

Amount Guaranteed Outstanding: 0

Subtotal Of Receipts This Page (optional).....▶ 0

Total This Period (last page this line number only).....▶ 0

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

12030973949

**LOANS AND LINES OF CREDIT FROM
LENDING INSTITUTIONS**

NAME OF COMMITTEE (in full, type or print)

FEC IDENTIFICATION NUMBER **C 0 0 5 1 1 9 3 1**

FEDERALIST PARTY

FULL NAME, MAILING ADDRESS AND ZIP CODE OF LENDING INSTITUTION (LENDER)

JOSEPH FELIX LEONAITIS

8 COUNTY ROAD 3171

SUKIA

CITY

MS

STATE

38852-7027

ZIP CODE

AMOUNT OF LOAN **0**

INTEREST RATE (APR) %

DATE INCURRED OR ESTABLISHED M M / D D / Y Y Y Y

DATE DUE M M / D D / Y Y Y Y

A. Has loan been restructured? If yes, date originally incurred:
No Yes

B. If line of credit: **0**
Amount of this draw Total outstanding balance

C. Are other parties secondarily liable for the debt incurred? (Endorsers and guarantors must be reported on Schedule C-P)
No Yes

D. Are ANY of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral? No Yes

If yes, specify:

What is the value of this collateral: **0** Does the lender have a perfected security interest in it? No Yes

E. Are any future contributions or future receipts of interest income, or future receipts of public financing pledged as collateral for this loan? No Yes

If yes, specify:

What is the estimated value? **0**

A depository account must be established pursuant to 11 CFR 100.7(b)(1)(i)(B) and 100.8(b)(12)(i)(B). Date account established: M M / D D / Y Y Y Y

Location of account:

Date debtor authorized the Secretary of the U.S. Treasury to make direct deposits of public financing payments to the depository account: M M / D D / Y Y Y Y

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and demonstrate that it assures repayment.

12030973950

G. Type or Print Name of Committee Treasurer

JOSEPH FELIX LEONAITIS

Signature of Treasurer Joseph Felix Leonaitis

Date 12 / 01 / 2012

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

1. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
2. The loan was made on terms and conditions (including interest rate) no more favorable at the time that those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
3. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth in 11 CFR 100.7(b)(11) and 100.8(b)(12) in making this loan.

Type or Print Name of Authorized Representative

Title

Signature of Authorized Representative

Date

M / D / Y Y Y Y

12030973951

SCHEDULE D-P
DEBTS AND OBLIGATIONS (Excluding Loans)

(Use separate schedule(s) for each numbered line)

FOR LINE NUMBER: 11
 (check only one) 12

NAME OF COMMITTEE (In Full)
FEDERALIST PARTY

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0	0	0

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0	0	0

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor			Nature of Debt (Purpose):
Mailing Address			
City	State	Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
0	0	0

- 1) **SUBTOTALS** This Period This Page (optional)▶ 0
- 2) **TOTALS** This Period (last page this line number only)▶ 0
- 3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only)▶ 0
- 4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only)▶ 0

12030973952

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)
12/4/12

USPS Priority Mail Postmarked
 Delivery Confirmation™ or Signature Confirmation™ Label

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

Overnight Delivery Service (Specify): Shipping Date
 Next Business Day Delivery

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked


 PREPARER

12/10/12
 DATE PREPARED

12030973953