

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.
ProCure Treatment Centers Inc. PAC

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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 Vincent Tallman

Signature of Treasurer Vincent Tallman [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ProCure Treatment Centers Inc. PAC

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"/> | | 11446.21 |
| (b) Cash on Hand at Beginning of Reporting Period..... | 2377.44 | |
| (c) Total Receipts (from Line 19) | 2979.59 | 6460.82 |
| (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)..... | 5357.03 | 17907.03 |
| 7. Total Disbursements (from Line 31)..... | 0.00 | 12550.00 |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))..... | 5357.03 | 5357.03 |
| 9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |
| 10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) | 0.00 | |

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

ProCure Treatment Centers Inc. PAC

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)..... | 2683.09 | 4327.24 |
| (ii) Unitemized | 296.50 | 2133.58 |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶ | 2979.59 | 6460.82 |
| (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) | 2979.59 | 6460.82 |
| 12. Transfers From Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 13. All Loans Received | 0.00 | 0.00 |
| 14. Loan Repayments Received..... | 0.00 | 0.00 |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | 0.00 | 0.00 |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees..... | 0.00 | 0.00 |
| 17. Other Federal Receipts (Dividends, Interest, etc.)..... | 0.00 | 0.00 |
| 18. Transfers from Non-Federal and Levin Funds | | |
| (a) Non-Federal Account (from Schedule H3)..... | 0.00 | 0.00 |
| (b) Levin Funds (from Schedule H5) | 0.00 | 0.00 |
| (c) Total Transfers (add 18(a) and 18(b)).. | 0.00 | 0.00 |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶ | 2979.59 | 6460.82 |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶ | 2979.59 | 6460.82 |

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 | 0.00 | 50.00 |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) | 0.00 | 50.00 |
| 22. Transfers to Affiliated/Other Party Committees..... | 0.00 | 0.00 |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees..... | 0.00 | 12500.00 |
| 24. Independent Expenditures (use Schedule E) | 0.00 | 0.00 |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F)..... | 0.00 | 0.00 |
| 26. Loan Repayments Made..... | 0.00 | 0.00 |
| 27. Loans Made..... | 0.00 | 0.00 |
| 28. Refunds of Contributions To: | | |
| (a) Individuals/Persons Other Than Political Committees | 0.00 | 0.00 |
| (b) Political Party Committees | 0.00 | 0.00 |
| (c) Other Political Committees (such as PACs)..... | 0.00 | 0.00 |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c))..... | 0.00 | 0.00 |
| 29. Other Disbursements | 0.00 | 0.00 |
| 30. Federal Election Activity (2 U.S.C. §431(20)) | | |
| (a) Allocated Federal Election Activity (from Schedule H6) | | |
| (i) Federal Share | 0.00 | 0.00 |
| (ii) "Levin" Share..... | 0.00 | 0.00 |
| (b) Federal Election Activity Paid Entirely With Federal Funds | 0.00 | 0.00 |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b)).... | 0.00 | 0.00 |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) .. | 0.00 | 12550.00 |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 0.00 | 12550.00 |

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) | 2979.59 | 6460.82 |
| 34. Total Contribution Refunds (from Line 28(d)) | 0.00 | 0.00 |
| 35. Net Contributions (other than loans) (subtract Line 34 from Line 33) | 2979.59 | 6460.82 |
| 36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) | 0.00 | 50.00 |
| 37. Offsets to Operating Expenditures (from Line 15, page 3)..... | 0.00 | 0.00 |
| 38. Net Operating Expenditures (subtract Line 37 from Line 36) | 0.00 | 50.00 |

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XN
Transaction ID :

Please note that the PAC is aware that we follow an alternate method of itemizing payroll receipts rather than the suggested manner of disclosing a single total for the reporting period along with the amount deducted per pay period. Because the amounts collected per pay period may change often during the time covered by a single report, we find that reporting individual deductions separately more accurately discloses how the receipts are collected.

Form/Schedule:
Transaction ID:

**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 14 |
| <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)
ProCure Treatment Centers Inc. PAC

A. Hadley Ford
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Ave 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Chief Executive Officer |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.25**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2012 |

Transaction ID : A2012-1766253

Amount of Each Receipt this Period

| |
|-------|
| 92.30 |
|-------|

B. Hadley Ford
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Ave 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Chief Executive Officer |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2012 |

Transaction ID : A2012-2118509

Amount of Each Receipt this Period

| |
|--------|
| 138.45 |
|--------|

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

Mailing Address 192 Lexington Ave 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|---------------------------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Chief Executive Officer |
|--|---------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2012 |

Transaction ID : A2012-2065508

Amount of Each Receipt this Period

| |
|-------|
| 92.30 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 323.05 |
| 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 8 OF 14 |
| | <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)
ProCure Treatment Centers Inc. PAC

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. John B Frick | | Date of Receipt MM / DD / YYYY 07 / 31 / 2012 Transaction ID : A2012-1766252 |
| Mailing Address 5400 N Grand Blvd | | Amount of Each Receipt this Period 307.70 |
| City Oklahoma City | State OK | Zip Code 73112 |
| FEC ID number of contributing federal political committee. C | Name of Employer ProCure Treatment Centers Inc. | |
| Occupation Director | | Aggregate Year-to-Date ▼ 1013.97 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) B. John B Frick | | Date of Receipt MM / DD / YYYY 08 / 31 / 2012 Transaction ID : A2012-2118508 |
| Mailing Address 5400 N Grand Blvd | | Amount of Each Receipt this Period 461.55 |
| City Oklahoma City | State OK | Zip Code 73112 |
| FEC ID number of contributing federal political committee. C | Name of Employer ProCure Treatment Centers Inc. | |
| Occupation Director | | Aggregate Year-to-Date ▼ 1475.52 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) C. John B Frick | | Date of Receipt MM / DD / YYYY 09 / 30 / 2012 Transaction ID : A2012-2065507 |
| Mailing Address 5400 N Grand Blvd | | Amount of Each Receipt this Period 307.70 |
| City Oklahoma City | State OK | Zip Code 73112 |
| FEC ID number of contributing federal political committee. C | Name of Employer ProCure Treatment Centers Inc. | |
| Occupation Director | | Aggregate Year-to-Date ▼ 1783.22 |
| Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ | | |

| | |
|--|---------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 1076.95 |
| 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 9 OF 14 |
| | (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)
ProCure Treatment Centers Inc. PAC

A. John Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10016 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| ProCure Treatment Centers Inc. | Manager |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **692.25**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2012 |

Transaction ID : A2012-1766260

Amount of Each Receipt this Period

| |
|-------|
| 92.30 |
|-------|

B. John Henderson
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10016 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| ProCure Treatment Centers Inc. | Manager |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **830.70**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2012 |

Transaction ID : A2012-2118513

Amount of Each Receipt this Period

| |
|--------|
| 138.45 |
|--------|

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

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10016 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| ProCure Treatment Centers Inc. | Manager |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **923.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2012 |

Transaction ID : A2012-2065512

Amount of Each Receipt this Period

| |
|-------|
| 92.30 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 323.05 |
| 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 10 OF 14 |
| | <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)
ProCure Treatment Centers Inc. PAC

A. Laura Keester
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Manager |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2012 |

Transaction ID : A2012-1766256

Amount of Each Receipt this Period

| | | | | | | | |
|---|---|---|---|---|---|---|-------|
| 4 | 3 | 2 | 1 | 0 | . | 0 | 0 |
| | | | | | | | 50.00 |

B. Kimber Madison
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Ave., 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation manager |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **276.90**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2012 |

Transaction ID : A2012-1766263

Amount of Each Receipt this Period

| | | | | | | | |
|---|---|---|---|---|---|---|--------|
| 4 | 3 | 2 | 1 | 0 | . | 0 | 0 |
| | | | | | | | 184.60 |

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

Mailing Address 192 Lexington Ave., 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation manager |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **461.50**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2012 |

Transaction ID : A2012-2118516

Amount of Each Receipt this Period

| | | | | | | | |
|---|---|---|---|---|---|---|--------|
| 4 | 3 | 2 | 1 | 0 | . | 0 | 0 |
| | | | | | | | 184.60 |

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 419.20 |
| 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 11 OF 14
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

A. Kimber Madison
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Lexington Ave., 4th Floor
 City State Zip Code
 New York NY 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProCure Treatment Centers Inc. manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 646.10

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2012
Transaction ID : A2012-2065515
 Amount of Each Receipt this Period
 184.60

B. Cynthia Morgan
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Lexington Avenue 4th Floor
 City State Zip Code
 New York NY 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProCure Treatment Centers Inc. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 210.60

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : A2012-1766257
 Amount of Each Receipt this Period
 28.08

C. Josef Norflus
 Full Name (Last, First, Middle Initial)
 Mailing Address 192 Lexington Avenue 4th Floor
 City State Zip Code
 New York NY 10016
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 ProCure Treatment Centers Inc. Manager
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 212.94

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 07 / 31 / 2012
Transaction ID : A2012-1766261
 Amount of Each Receipt this Period
 30.42

SUBTOTAL of Receipts This Page (optional)..... ▶ 243.10
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 14 |
| <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)
ProCure Treatment Centers Inc. PAC

A. Josef Norflus
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Manager |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **243.36**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2012 |

Transaction ID : A2012-2118514

Amount of Each Receipt this Period

| |
|-------|
| 30.42 |
|-------|

B. Josef Norflus
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|-----------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Manager |
|--|-----------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **273.78**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2012 |

Transaction ID : A2012-2065513

Amount of Each Receipt this Period

| |
|-------|
| 30.42 |
|-------|

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

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|------------------|-------------|-------------------|
| City New York | State NY | Zip Code 10016 |
|------------------|-------------|-------------------|

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

| | |
|--|--------------------------------------|
| Name of Employer ProCure Treatment Centers Inc. | Occupation Reimbursement Director |
|--|--------------------------------------|

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **277.80**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2012 |

Transaction ID : A2012-2118507

Amount of Each Receipt this Period

| |
|-------|
| 83.34 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 144.18 |
| 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 14 |
| | <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"/> | <input type="checkbox"/> 17 |

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NAME OF COMMITTEE (In Full)
ProCure Treatment Centers Inc. PAC

Full Name (Last, First, Middle Initial)
A. Marcia Sajewicz

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10016 |

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

| | |
|--------------------------------|------------------------|
| Name of Employer | Occupation |
| ProCure Treatment Centers Inc. | Reimbursement Director |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **333.36**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 09 | / | 30 | / | 2012 |

Transaction ID : A2012-2065506

Amount of Each Receipt this Period

| |
|-------|
| 55.56 |
|-------|

Full Name (Last, First, Middle Initial)
B. Craig Zwerling

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10016 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| ProCure Treatment Centers Inc. | Executive |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **210.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 07 | / | 31 | / | 2012 |

Transaction ID : A2012-1766255

Amount of Each Receipt this Period

| |
|-------|
| 28.00 |
|-------|

Full Name (Last, First, Middle Initial)
c. Craig Zwerling

Mailing Address 192 Lexington Avenue 4th Floor

| | | |
|----------|-------|----------|
| City | State | Zip Code |
| New York | NY | 10016 |

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

| | |
|--------------------------------|------------|
| Name of Employer | Occupation |
| ProCure Treatment Centers Inc. | Executive |

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **252.00**

Date of Receipt

| | | | | |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 08 | / | 31 | / | 2012 |

Transaction ID : A2012-2118511

Amount of Each Receipt this Period

| |
|-------|
| 42.00 |
|-------|

| | |
|--|---------------|
| SUBTOTAL of Receipts This Page (optional).....▶ | 125.56 |
| 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 14 OF 14
(check only one)

| | | | | | | | | |
|---|------------------------------|------------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|-----------------------------|
| <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)
ProCure Treatment Centers Inc. PAC

A. Craig Zwerling
Full Name (Last, First, Middle Initial)

Mailing Address 192 Lexington Avenue 4th Floor

City New York State NY Zip Code 10016

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

Name of Employer ProCure Treatment Centers Inc. Occupation Executive

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 280.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 30 / 2012

Transaction ID : A2012-2065510

Amount of Each Receipt this Period
 280.00

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).....▶ | 28.00 |
| TOTAL This Period (last page this line number only).....▶ | 2683.09 |