

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)
 - Mar 20 (M3)
 - Apr 20 (M4)
 - Jul 20 (M7)
 - May 20 (M5)
 - Jun 20 (M6)
 - Oct 20 (M10)
 - Aug 20 (M8)
 - Sep 20 (M9)
 - Nov 20 (M11) (Non-Election Year Only)
 - Dec 20 (M12) (Non-Election Year Only)
 - 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 [06] / [01] / [2012] through [06] / [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 Jonathan Martin

Signature of Treasurer Jonathan Martin [Electronically Filed] Date [01] / [17] / [2013]

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

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"/>		1673194.29
(b) Cash on Hand at Beginning of Reporting Period.....	418157.03	
(c) Total Receipts (from Line 19)	70962.06	1595565.79
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	489119.09	3268760.08
7. Total Disbursements (from Line 31).....	178578.17	2958219.16
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	310540.92	310540.92
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)	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).....	67400.00	1137400.00
(ii) Unitemized	2787.00	16469.08
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	70187.00	1153869.08
(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)	70187.00	1153869.08
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	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).....	775.06	51696.71
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))..... ▶	70962.06	1595565.79
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	70962.06	1595565.79

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	91376.86	1061717.16
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	91376.86	1061717.16
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	80000.00	80000.00
24. Independent Expenditures (use Schedule E)	7201.31	1816502.00
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)) ..	178578.17	2958219.16
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	178578.17	2958219.16

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)	70187.00	1153869.08
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70187.00	1153869.08
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	91376.86	1061717.16
37. Offsets to Operating Expenditures (from Line 15, page 3).....	775.06	51696.71
38. Net Operating Expenditures (subtract Line 37 from Line 36)	90601.80	1010020.45

: 97 `A -G7 9 @ @ B9 CI G`H9 LH`F9 @ H98 `HC `5 `F9 DCFH`ZG7 <98 I @ `CF `H9 A -N5 H-CB

Form/Schedule: F3XA
Transaction ID :

Reference: Hannah Christian office expense reimbursement breakdown dated 6/27/12: Amazon.com \$188.51, USPS \$180 (Hosuton, TX), USPS (Hosuton, TX) \$195, FedEx \$57.59 (Houston, TX), Office Max \$90.86 (Office Max). Total: \$711.96

Reference: Mark Meckler office expense reimbursement breakdown dated 6/27/12: USPS \$662.49, Grass Valley Printers \$498.22 (1050 Whispering Pines Lane, Suite L, Grass Valley, CA 95945), Staples (11646 Sutton Way, Grass Valley, CA 95945) \$468.45, House of Print and Copy (1501 East Main Street, Grass Valley, CA 95945) \$48.32. Total: \$1,677.48

Reference: Mark Meckler travel expense breakdown reported initially for \$13,717.15 has been split in the Transaction Split section under the item itself. I've detailed all items that aggregated and surpassed the \$200 threshold. All other expenses reimbursed in that item did not meet the threshold.

Reference: Modified independent expenditure referenced for \$616.99. This expense was for postage, but was handled and prepared in house by the committee's staff.

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 33
	<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	

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. Ronald R. Cherry
Full Name (Last, First, Middle Initial)

Mailing Address 304 Wright St.

City Sweetwater State TN Zip Code 37874

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
06 / 20 / 2012

Transaction ID : SA11AI.5420

Amount of Each Receipt this Period
100.00

Individual contribution

B. Holdings Crow
Full Name (Last, First, Middle Initial)

Mailing Address 3819 Maple Avenue

City Dallas State TX Zip Code 75219

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

Name of Employer N/A Occupation N/A

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ **35000.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 07 / 2012

Transaction ID : SA11AI.5402

Amount of Each Receipt this Period
35000.00

Individual contributions

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 ▼ **350.00**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
06 / 09 / 2012

Transaction ID : SA11AI.5421

Amount of Each Receipt this Period
50.00

Individual contribution

SUBTOTAL of Receipts This Page (optional).....▶	35150.00
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 33
(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. Gordon Daugherty

Mailing Address 8807 Wildridge Dr.

City State Zip Code
Austin TX 78759

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

Name of Employer Occupation
Self Physician

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 06 / 22 / 2012
Transaction ID : SA11AI.5411

Amount of Each Receipt this Period
500.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. Robert Garthwait Sr.

Mailing Address PO Box 1367

City State Zip Code
Waterbury CT 06721

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

Name of Employer Occupation
N/A N/A

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
 06 / 12 / 2012
Transaction ID : SA11AI.5367

Amount of Each Receipt this Period
500.00

Individual contribution

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

Mailing Address 0615 Oaksboro St.

City State Zip Code
Woodland Hills CA 91364

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

Name of Employer Occupation
N/A N/A

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
 06 / 08 / 2012
Transaction ID : SA11AI.5391

Amount of Each Receipt this Period
500.00

Individual contributions

SUBTOTAL of Receipts This Page (optional)..... ▶ 1050.00

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 9 OF 33
	(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. Dennis R. Johnson

Mailing Address 5908 Shadyview Place

City Midland State TX Zip Code 79705

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

Name of Employer Summit Petroleum Inc. Occupation President & 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
 06 / 07 / 2012

Transaction ID : SA11AI.5393

Amount of Each Receipt this Period
10000.00

Individual contribution

Full Name (Last, First, Middle Initial)
B. Jeffrey Littmann

Mailing Address 1231 Harvard Rd.

City Grosse Pointe Park State MI Zip Code 48230

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

Name of Employer N/A Occupation N/A

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
 06 / 17 / 2012

Transaction ID : SA11AI.5352

Amount of Each Receipt this Period
1000.00

Individual contribution

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

Mailing Address 30 Burton Hills Blvd.
Ste. 325

City Nashville State TN Zip Code 37215

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

Name of Employer Healthmark Partners Occupation Chairman

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
 06 / 06 / 2012

Transaction ID : SA11AI.5406

Amount of Each Receipt this Period
10000.00

Individual contribution

SUBTOTAL of Receipts This Page (optional).....▶	21000.00
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 10 OF 33
<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. Chris J. Rufer		Date of Receipt MM / DD / YYYY 06 / 12 / 2012 Transaction ID : SA11AI.5373
Mailing Address 724 Main Street		Amount of Each Receipt this Period 10000.00
City Woodland	State CA	Zip Code 95695
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer The Morning Star Company	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Edwin C. Sandham Rev. Trust		Date of Receipt MM / DD / YYYY 06 / 07 / 2012 Transaction ID : SA11AI.5387
Mailing Address 1964 St. Andrews Drive		Amount of Each Receipt this Period 100.00
City Palm City	State FL	Zip Code 34990
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer N/A	Occupation N/A	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 400.00	

Full Name (Last, First, Middle Initial) C. Stephen Sprinkle		Date of Receipt MM / DD / YYYY 06 / 20 / 2012 Transaction ID : SA11AI.5335
Mailing Address 596 Ward Meade Drive		Amount of Each Receipt this Period 100.00
City Marietta	State GA	Zip Code 30067
FEC ID number of contributing federal political committee. C		Individual contribution
Name of Employer Deloitte Consulting, LLP	Occupation Consultant	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional).....	10200.00
TOTAL This Period (last page this line number only).....	67400.00

**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 33	
(check only one)			
<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. Full Name (Last, First, Middle Initial)
Fox News Network, LLC

Mailing Address 1211 Avenue of the Americas

City New York	State NY	Zip Code 10036
------------------	-------------	-------------------

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

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

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
775.06

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	06	/	2012

Transaction ID : SA15.5440

Amount of Each Receipt this Period
775.06

Payment to offset travel costs for staff for appearances, NOT a reimbursement.

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
-----	---	-----	---	---------

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
-----	---	-----	---	---------

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	775.06
TOTAL This Period (last page this line number only).....▶	775.06

**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
Salary

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5314

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Lina Al-Salim

Mailing Address 18206 Memorial Falls Dr.

City Tomball State TX Zip Code 77375

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5319

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Lina Al-Salim

Mailing Address 18206 Memorial Falls Dr.

City Tomball State TX Zip Code 77375

Purpose of Disbursement
Salary

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5320

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. Aquinas Companies, LLC

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Office expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 01 / 2012

Transaction ID : SB21B.5304

Amount of Each Disbursement this Period

50.00

Full Name (Last, First, Middle Initial)

B. Bank of America

Mailing Address PO Box 25118

City Tampa State FL Zip Code 33622-5118

Purpose of Disbursement
Bank Fees

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 27 / 2012

Transaction ID : SB21B.5302

Amount of Each Disbursement this Period

149.00

Full Name (Last, First, Middle Initial)

C. Brierfield Campaigns, Inc

Mailing Address 1000 E William St.
Suite 204

City Carson City State NV Zip Code 89701

Purpose of Disbursement
Logistics Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001

Category/
Type

Date of Disbursement

MM / DD / YYYY
06 / 13 / 2012

Transaction ID : SB21B.5317

Amount of Each Disbursement this Period

9819.23

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

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

10018.23

**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. BRI Essex, LLC

Mailing Address PO Box 203015

City Dallas State TX Zip Code 75320-3015

Purpose of Disbursement
Rent

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5312

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5305

Amount of Each Disbursement this Period

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

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5327

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. Hannah Christian

Mailing Address 3900 Essex Lane
Ste. 250

City Houston State TX Zip Code 77027

Purpose of Disbursement
Office expenses reimbursement - See memo text

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

001
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 27 / 2012

Transaction ID : SB21B.5306

Amount of Each Disbursement this Period

711.96

Full Name (Last, First, Middle Initial)

B. CMF Communications

Mailing Address 25000 Portofino Cir.
#129

City Palm Beach Gardens State FL Zip Code 33148-1293

Purpose of Disbursement
Email consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : SB21B.5456

Amount of Each Disbursement this Period

1584.48

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
Press relations

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

004
Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
06 / 19 / 2012

Transaction ID : SB21B.5457

Amount of Each Disbursement this Period

15.88

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

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

2312.32

**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
Offset to move more prepaid february expenses from line 21b to 24
(504.500)

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

Transaction ID : SB21B.5444

Amount of Each Disbursement this Period

-	6	0	8	4	.	3	2
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Landslide Consulting, LLC

Mailing Address 2116 Daniels Ave.

City State Zip Code
Akron OH 44312

Purpose of Disbursement
Logistics Consulting

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Transaction ID : SB21B.5315

Amount of Each Disbursement this Period

1	6	0	3	3	.	1	1
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Jonathan Martin

Mailing Address 1739 Maybank Highway
Suite T-346

City State Zip Code
Charleston SC 29412

Purpose of Disbursement
Treasury services

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		2	9		2	0	1	2

Transaction ID : SB21B.5303

Amount of Each Disbursement this Period

1	0	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

1	0	9	4	8	.	7	9
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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. Mark Meckler

Mailing Address PO Box 605

City Chicago Park State IL Zip Code 95712

Purpose of Disbursement
Office expense reimbursement

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	2		

Transaction ID : SB21B.5307

Amount of Each Disbursement this Period

1	6	7	7	.	4	8
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Mark Meckler

Mailing Address PO Box 605

City Chicago Park State IL Zip Code 95712

Purpose of Disbursement
Travel expenses see memo text for breakdown of vendors and actual line item expenses

002

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	6			2	7			2	0	1	2		

Transaction ID : SB21B.5330

Amount of Each Disbursement this Period

1	3	7	1	.	7	1	5
---	---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. The Muse Hotel

Mailing Address 130 West 46th Street

City New York State NY Zip Code 10036

Purpose of Disbursement
Hotel expenses

002

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	4			0	6			2	0	1	2		

Transaction ID : SB21B.5330.0

Amount of Each Disbursement this Period

8	3	3	.	2	6
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[MEMO ITEM]

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

1	5	3	9	4	.	6	3
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TOTAL This Period (last page this line number only)..... ▶

1	5	3	9	4	.	6	3
---	---	---	---	---	---	---	---

**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. Delta Airlines

Mailing Address 125 West 55th Street #2

City New York State NY Zip Code 10019

Purpose of Disbursement
Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5330.1

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Delta Airlines

Mailing Address 125 West 55th Street #2

City New York State NY Zip Code 10019

Purpose of Disbursement
Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5330.2

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address 125 West 55th Street #2

City New York State NY Zip Code 10019

Purpose of Disbursement
Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5330.3

Amount of Each Disbursement this Period

[MEMO ITEM]

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. Yotel Hotel

Mailing Address 570 Tenth Avenue, New York

City New York State NY Zip Code 10036

Purpose of Disbursement
Hotel expenses

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5330.4

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Groundlink Transport

Mailing Address 134 West 37th Street

City New York State NY Zip Code 10018

Purpose of Disbursement
Car rental expense

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5330.5

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address 1225 Broadway

City New York State NY Zip Code 10001

Purpose of Disbursement
Air travel

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5330.6

Amount of Each Disbursement this Period

[MEMO ITEM]

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. Hertz

Mailing Address 126 West 55th Street

City New York State NY Zip Code 10019

Purpose of Disbursement
Car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	3		2	0	1	2

Transaction ID : SB21B.5330.7

Amount of Each Disbursement this Period

2	3	4	.	8	1
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hotel Palomar

Mailing Address 2121 P Street Northwest

City Washington State DC Zip Code 20037

Purpose of Disbursement
Hotel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	4		2	0	1	2

Transaction ID : SB21B.5330.8

Amount of Each Disbursement this Period

2	4	8	.	8	2
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Delta Airlines

Mailing Address 125 West 55th Street #2

City New York State NY Zip Code 10019

Purpose of Disbursement
Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.5330.9

Amount of Each Disbursement this Period

9	9	1	.	2	0
---	---	---	---	---	---

[MEMO ITEM]

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

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

0	0	0	.	0	0
---	---	---	---	---	---

0	0	0	.	0	0
---	---	---	---	---	---

**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. Hertz

Mailing Address 126 West 55th Street

City New York State NY Zip Code 10019

Purpose of Disbursement
Car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5330.10

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Omni Hotels

Mailing Address 555 South Lamar Street

City Dallas State TX Zip Code 75202

Purpose of Disbursement
Hotel expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5330.11

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Southwest Airlines

Mailing Address 1225 Broadway

City New York State NY Zip Code 10001

Purpose of Disbursement
Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.5330.12

Amount of Each Disbursement this Period

[MEMO ITEM]

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. Delta Airlines

Mailing Address 125 West 55th Street #2

City New York State NY Zip Code 10019

Purpose of Disbursement
Air travel

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5330.13

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Roosevelt Hotel

Mailing Address 45 East 45th Street

City New York State NY Zip Code 10017

Purpose of Disbursement
Hotel expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5330.14

Amount of Each Disbursement this Period

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Roosevelt Hotel

Mailing Address 45 East 45th Street

City New York State NY Zip Code 10017

Purpose of Disbursement
Hotel expenses

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5330.15

Amount of Each Disbursement this Period

[MEMO ITEM]

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. Southwest Airlines

Mailing Address 1225 Broadway

City New York State NY Zip Code 10001

Purpose of Disbursement
Air travel

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.5330.16

Amount of Each Disbursement this Period

4	9	9	.	6	0
---	---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

B. Hertz

Mailing Address 126 West 55th Street

City New York State NY Zip Code 10019

Purpose of Disbursement
Car rental

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.5330.17

Amount of Each Disbursement this Period

8	9	.	7	1
---	---	---	---	---

[MEMO ITEM]

Full Name (Last, First, Middle Initial)

C. Message & Media

Mailing Address 3101 Lee Highway
Suite 18 #136

City Bristol State VA Zip Code 24202

Purpose of Disbursement
Media Consulting

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012 Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B.5321

Amount of Each Disbursement this Period

3	5	4	1	8	.	9	3
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	5	4	1	8	.	9	3
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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

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

Full Name (Last, First, Middle Initial)

A. Muddy Boots, Inc.

Mailing Address 3 Chestnut Mountain Ridge

City Asheville State NC Zip Code 28803

Purpose of Disbursement
Phone and internet expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	2

Transaction ID : SB21B.5311

Amount of Each Disbursement this Period

1	8	3	.	5	3
---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Piryx, Inc.

Mailing Address 144 2nd St.
1st Floor

City San Francisco State CA Zip Code 94105

Purpose of Disbursement
Merchant processing fees

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

Transaction ID : SB21B.5436

Amount of Each Disbursement this Period

3	3	.	8	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

C. Relevant Information Ltd.

Mailing Address 439 E 9th Street

City New York State NY Zip Code 10009

Purpose of Disbursement
Press relations

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	2

Transaction ID : SB21B.5323

Amount of Each Disbursement this Period

3	0	0	.	0	0
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SUBTOTAL of Disbursements This Page (optional)..... ▶

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

3	2	1	.	7	4	0
---	---	---	---	---	---	---

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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. Michael Smith

Mailing Address 3616 Duchess Trail

City Dallas State TX Zip Code 75229

Purpose of Disbursement
Blogging 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.5322

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. 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.5326

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. The Schuman Group

Mailing Address 7660 Fay Ave.

City La Jolla State CA Zip Code 92037

Purpose of Disbursement
Logistics Consulting

Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : SB21B.5316

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. The Schuman Group

Mailing Address 7660 Fay Ave.

City La Jolla State CA Zip Code 92037

Purpose of Disbursement
Office expenses

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		1	9		2	0	1	2

Transaction ID : SB21B.5318

Amount of Each Disbursement this Period

9	4	.	8	7
---	---	---	---	---

Full Name (Last, First, Middle Initial)

B. Corie Whalen

Mailing Address 2565 Marilee Lane
#2

City Houston State TX Zip Code 77057

Purpose of Disbursement
Salary

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Transaction ID : SB21B.5313

Amount of Each Disbursement this Period

4	1	6	7	.	0	0
---	---	---	---	---	---	---

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Disbursement this Period

--	--	--	--	--	--	--	--	--	--

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

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

4	2	6	1	.	8	7
---	---	---	---	---	---	---

9	1	2	1	0	.	7	4
---	---	---	---	---	---	---	---

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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. Congressional Elections PAC

Mailing Address 259 East Michigan Avenue

City Kalamazoo State MI Zip Code 49007

Purpose of Disbursement
Contribution

012

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2012
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	6		2	7		2	0	1	2		

Transaction ID : SB23.5324

Amount of Each Disbursement this Period

80000.00

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

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

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Amount of Each Disbursement this Period

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

80000.00

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

80000.00

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: <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).....▶	[] 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 Brierfield Campaigns, Inc		Date M M / D D / Y Y Y Y 06 / 04 / 2012
Mailing Address 1000 E William St. Suite 204		Amount 500.00
City Carson City	State NV	
Zip Code 89701		Transaction ID : SE.5096
Purpose of Expenditure Online advertisement	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: NY <input type="checkbox"/> Senate District: 15 <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 500.00		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee Hannah Christian		Date M M / D D / Y Y Y Y 06 / 13 / 2012
Mailing Address 3900 Essex Lane Ste. 250		Amount 616.99
City Houston	State TX	
Zip Code 77027		Transaction ID : SE.5102
Purpose of Expenditure Direct mail piece postage expenses	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 type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 7436.99		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1116.99
(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 / D D / Y Y Y Y
01 / 17 / 2013

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 CMF Communications		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 12 / 2012</div>
Mailing Address 25000 Portofino Cir. #129		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">1820.00</div>
City Palm Beach Gardens	State FL	
Zip Code 33148-1293		Transaction ID : SE.5099
Purpose of Expenditure Fundraising email	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	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 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;">6820.00</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 CMF Communications		Date MM / DD / YYYY <div style="border: 1px solid black; padding: 2px; display: inline-block;">06 / 14 / 2012</div>
Mailing Address 25000 Portofino Cir. #129		Amount <div style="border: 1px solid black; padding: 2px; display: inline-block; width: 100px; text-align: right;">1892.64</div>
City Palm Beach Gardens	State FL	
Zip Code 33148-1293		Transaction ID : SE.5107
Purpose of Expenditure Fundraising email	Category/ Type <div style="border: 1px solid black; padding: 2px; display: inline-block;">004</div>	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 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;">9329.63</div>		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	3712.64
(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
01 / 17 / 2013

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 CMF Communications		Date MM / DD / YYYY 06 / 19 / 2012
Mailing Address 25000 Portofino Cir. #129		Amount 360.00
City Palm Beach Gardens	State FL	
Zip Code 33148-1293	Transaction ID : SE.5294	
Purpose of Expenditure Fundraising email	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>13</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 9689.63		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee CMF Communications		Date MM / DD / YYYY 06 / 21 / 2012
Mailing Address 25000 Portofino Cir. #129		Amount 2011.68
City Palm Beach Gardens	State FL	
Zip Code 33148-1293	Transaction ID : SE.5297	
Purpose of Expenditure Fundraising email	Category/ Type 004	Office Sought: <input checked="" type="checkbox"/> House State: <u>NY</u> <input type="checkbox"/> Senate District: <u>13</u> <input type="checkbox"/> President
Name of Federal Candidate Supported or Opposed by Expenditure: Charles Rangel		Check One: <input type="checkbox"/> Support <input checked="" type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought 11701.31		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	2371.68
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	7201.31

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 **01 / 17 / 2013**