

**FEC
FORM 3X**

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

RECEIVED
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Office Use Only
FEC MAIL CENTER

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

*New Jersey Thoroughbred Horseman Assoc
Thoro Rac Federal*

ADDRESS (number and street) *232 A Norwood Ave*

Check if different than previously reported. (ACC) *West Long Branch NJ 07764-1860*

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

C 00447524 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)
April 15 Quarterly Report (Q1)	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Dec 20 (M12) (Non-Election Year Only)
July 15 Quarterly Report (Q2)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)	Jan 31 (YE)
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:	Primary (12P)	General (12G)	Runoff (12R)	
(c) 12-Day PRE-Election Report for the:	Convention (12C)	Special (12S)		
Election on	M M / D D / Y Y Y Y			in the State of
(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R)	Special (30S)	
Election on	M M / D D / Y Y Y Y			in the State of

5. Covering Period *04 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 *Michael Misto*

Signature of Treasurer *[Signature]* Date *07 15 2012*

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

Office Use Only									
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FEC FORM 3X Rev. 12/2004

12030870397

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

New Jersey Thoroughbred Association

Report Covering the Period:

From: ^M04 ^M' ^D01 ^Y2012

To: ^M07 ^M' ^D01 ^Y2012

**COLUMN A
This Period**

**COLUMN B
Calendar Year-to-Date**

6. (a) Cash on Hand January 1, ^Y 2012	,	,	00.00
(b) Cash on Hand at Beginning of Reporting Period.....	,	,	0.00
(c) Total Receipts (from Line 19).....	,	,	5,150.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	,	,	5,150.00
7. Total Disbursements (from Line 31).....	,	,	5,000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	,	,	150.00
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,	00.00
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	,	,	00.00

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

12030870398

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

New Jersey Thoroughbred Association

Report Covering the Period: From:

04 30 2012

To:

07 01 2012

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).....	, 3,700.00	, 3,700.00
(ii) Unitemized	, 1,450.00	, 1,450.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	, 5,150.00	, 5,150.00
(b) Political Party Committees	, 00.00	, 00.00
(c) Other Political Committees (such as PACs).....	, 00.00	, 00.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	, 5,150.00	, 5,150.00
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)).....▶	, 5,150.00	, 5,150.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	, 5,150.00	, 5,150.00

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DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

12030870400

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	00.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5,000.00	5,000.00
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))..	5,000.00	5,000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5,000.00	5,000.00

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)	0.06	0.06
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	0.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
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	0.00

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

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

FOR LINE NUMBER: PAGE 1 OF 3
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
New Jersey Thoroughbred Association

A. Full Name (Last, First, Middle Initial) *Lamont, Robert Thomas*
 Mailing Address *27 Corsa Terrace*
 City *Ridgewood* State *NY* Zip Code *07450*
 Date of Receipt *05 21 2012*
 Amount of Each Receipt this Period *, 500.00*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Self Employed* Occupation *Horse owner*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *, 500.00*

B. Full Name (Last, First, Middle Initial) *OTTRANDO, LOU*
 Mailing Address *232 A NORWOOD AVE*
 City *W LANE BRANCH* State *NY* Zip Code *07764*
 Date of Receipt *05 21 2012*
 Amount of Each Receipt this Period *, 250.00*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Self Employed* Occupation *Horse owner*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *, 250.00*

C. Full Name (Last, First, Middle Initial) *Sleeter, Carolyn*
 Mailing Address *1453 Blackwood Clementon Rd*
 City *Clementon* State *NY* Zip Code *08021*
 Date of Receipt *05 19 2012*
 Amount of Each Receipt this Period *, 300.00*
 FEC ID number of contributing federal political committee. *C*
 Name of Employer *Self Employed* Occupation *Bleeder*
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date *, 300.00*

SUBTOTAL of Receipts This Page (optional) *, 1,050.00*
 TOTAL This Period (last page this line number only) *, 1,050.00*

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

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

FOR LINE NUMBER: PAGE **2** OF **3**
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
New Jersey Thoroughbred Association

A. Full Name (Last, First, Middle Initial)
Caprignone, Joseph T

Mailing Address
232 A Norwood Avenue

City
W. Long Branch State
NJ Zip Code
07164

FEC ID number of contributing federal political committee.
C

Name of Employer
Self Employed Occupation
Horse owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

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

Amount of Each Receipt this Period
250.00

B. Full Name (Last, First, Middle Initial)
Donnelly, Peter P

Mailing Address
10 Box 510479

City
Key Colony Beach State
FL Zip Code
33051

FEC ID number of contributing federal political committee.
C

Name of Employer
Self Employed Occupation
Horse owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
M M / D D / Y Y Y Y
05 17 2012

Amount of Each Receipt this Period
300.00

C. Full Name (Last, First, Middle Initial)
Jones, Robert JR

Mailing Address
2001 Salfish Point Blvd

City
STUART State
FL Zip Code
34996

FEC ID number of contributing federal political committee.
C

Name of Employer
Self Employed Occupation
Hores owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y
05 28 2012

Amount of Each Receipt this Period
250.00

SUBTOTAL of Receipts This Page (optional)..... ▶ *800.00*

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

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**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 <u>3</u> OF <u>3</u>	
<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	<input type="checkbox"/> 18	<input type="checkbox"/> 19	<input type="checkbox"/> 20

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)
New Jersey Thoroughbred Association

Full Name (Last, First, Middle Initial) A. MUSTO Michael		Date of Receipt M M / D D / Y Y Y Y <u>06 25 2012</u>
Mailing Address <u>87 Maryland Ave</u>		Amount of Each Receipt this Period <u>800.00</u>
City <u>W. Long Branch</u>	State Zip Code <u>NJ 07764</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>NJTHA</u>	Occupation <u>Executive Director</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>800.00</u>	

Full Name (Last, First, Middle Initial) B. Williams, Timothy		Date of Receipt M M / D D / Y Y Y Y <u>06 06 2012</u>
Mailing Address <u>36 Wardell Circle</u>		Amount of Each Receipt this Period <u>800.00</u>
City <u>Ocean Port</u>	State Zip Code <u>NJ 07757</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>NJTHA</u>	Occupation <u>Administrative</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>800.00</u>	

Full Name (Last, First, Middle Initial) C. Jones, Keith L		Date of Receipt M M / D D / Y Y Y Y <u>05 18 2012</u>
Mailing Address <u>19 Oriental Rd.</u>		Amount of Each Receipt this Period <u>250.00</u>
City <u>Shamong</u>	State Zip Code <u>NJ 08088</u>	
FEC ID number of contributing federal political committee. <u>C</u>		
Name of Employer <u>Self Employed</u>	Occupation <u>Horse owner</u>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <u>250.00</u>	

SUBTOTAL of Receipts This Page (optional).....▶	<u>1,850.00</u>
TOTAL This Period (last page this line number only).....▶	<u>3,700.00</u>

12030870404

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

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

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 (to Full)
New Jersey Thoroughbred Association

A.

Full Name (Last, First, Middle Initial) *Kyriillos for U.S. Senate*

Date of Disbursement *06 29 2012*

Mailing Address *1 Arden Park Bldg Hwy 35*

City *Hwy 35 Middletown* State *NS* Zip Code *07748*

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period
5,000.00

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: *NS* District:

B.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

C.

Full Name (Last, First, Middle Initial)

Date of Disbursement

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/Type

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

SUBTOTAL of Disbursements This Page (optional) ▶ *5,000.00*

TOTAL This Period (last page this line number only) ▶ *5,000.00*

12030870405

SCHEDULE C (FEC Form 3X)

LOANS

Use separate schedule(s) for each category of the Detailed Summary Page	PAGE <u>1</u> OF <u>1</u>
	FOR LINE 13 OF FORM 3X

NAME OF COMMITTEE (In Full)
New Jersey Thoroughbred Association

LOAN SOURCE Full Name (Last, First, Middle Initial)
NONE

Election:
 Primary
 General
 Other (specify) ▼

Mailing Address

City State ZIP Code

Original Amount of Loan	Cumulative Payment To Date	Balance Outstanding at Close of This Period
, , .	, , .	, , .

TERMS

Date Incurred	Date Due	Interest Rate	Secured:
M M / D D / Y Y Y Y	M M / D D / Y Y Y Y	% (apr)	<input type="checkbox"/> Yes <input 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)	▶	, , <i>00.00</i>
TOTALS This Period (last page in this line only)	▶	, , <i>00.00</i>

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

12030870406

SCHEDULE D (FEC Form 3X)
DEBTS AND OBLIGATIONS
Excluding Loans

NAME OF COMMITTEE (In Full)
New Jersey Thoroughbred Association

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor <i>NONE</i>	Nature of Debt (Purpose):
Mailing Address	
City State Zip Code	

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

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

Outstanding Balance Beginning This Period		
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period
, , .	, , .	, , .

1) SUBTOTALS This Period This Page (optional)..... ▶	, ,	<i>00.00</i>
2) TOTALS This Period (last page this line number only)..... ▶	, ,	<i>00.00</i>
3) TOTAL OUTSTANDING LOANS from Schedule C (last page only)..... ▶	, ,	<i>00.00</i>
4) ADD 2) and 3) and carry forward to appropriate line of Summary Page (last page only) ▶	, ,	<i>60.00</i>

12030870407

**SCHEDULE E (FEC Form 3X)
ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 1 OF 6
FOR LINE 24 OF FORM 3X

NAME OF COMMITTEE (In Full) <i>New Jersey Thoroughbred Association</i>	FEC IDENTIFICATION NUMBER <i>C 00447624</i>
Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice	

Full Name (Last, First, Middle Initial) of Payee <i>NONE</i>	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	


Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

Full Name (Last, First, Middle Initial) of Payee	Date M M / D D / Y Y Y Y
Mailing Address	Amount
City State Zip Code	

Purpose of Expenditure	Category/Type	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: _____ District: _____
Name of Federal Candidate Supported or Opposed by Expenditure:		Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) _____

(a) SUBTOTAL of Itemized Independent Expenditures	,	,	<i>00.00</i>
(b) SUBTOTAL of Unitemized Independent Expenditures	,	,	<i>00.00</i>
(c) TOTAL Independent Expenditures	,	,	<i>00.00</i>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Signature  Date *07 15 2012*

12030870408

SCHEDULE F (FEC Form 3X)
ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE
(2 U.S.C. §441a(d))

(To be used only by Political Committees in the General Election)

PAGE 1 OF 1
 FOR LINE 25 OF FORM 3X

NAME OF COMMITTEE (In Full)
New Jersey Thoroughbred Association

Has your committee been designated to make coordinated expenditures by a political party committee? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If YES, name the designating committee:	Full Name of Subordinate Committee
	Mailing Address
	City State ZIP Code

Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Amount		
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Amount		
Aggregate General Election Expenditure for this Candidate ▶		
Full Name (Last, First, Middle Initial) of Each Payee	Purpose of Expenditure	Category/ Type
Mailing Address	Date	
City State Zip Code	M M / D D / Y Y Y Y	
Name of Federal Candidate Supported	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential	State: _____ District: _____
Amount		
Aggregate General Election Expenditure for this Candidate ▶		

SUBTOTAL of Expenditures This Page (optional).....▶			0.00
TOTAL This Period (last page this line number only).....▶			0.00

12030870409

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked
7/23/12

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked



8/2/12

PREPARER

DATE PREPARED

(3/2005)

12030870410