

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

RECEIVED SECRETARY OF THE SENATE PUBLIC RECORDS

13 OCT -9 PM 3:48 Office Use Only

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

12FE4M5

Arkansas-North Carolina Victory Fund

ADDRESS (number and street)

600 Pennsylvania Ave SE

Suite 210

Check if different than previously reported. (ACC)

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER

C00541201

CITY

STATE

ZIP CODE

STATE DISTRICT

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)

April 15 Quarterly Report (Q1)

July 15 Quarterly Report (Q2)

July 15 Quarterly Report (Q2)

October 15 Quarterly Report (Q3)

October 15 Quarterly Report (Q3)

January 31 Year-End Report (YE)

January 31 Year-End Report (YE)

Termination Report (TER)

Termination Report (TER)

(b) 12-Day PRE-Election Report for the:

Primary (12P)

Primary (12P)

General (12G)

General (12G)

Runoff (12R)

Runoff (12R)

Convention (12C)

Convention (12C)

Special (12S)

Special (12S)

Election on

MM

DD

YYYYYY

in the State of

State

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

General (30G)

General (30G)

Runoff (30R)

Runoff (30R)

Special (30S)

Special (30S)

Election on

MM

DD

YYYYYY

in the State of

State

5. Covering Period

MM

DD

YYYYYY

through

MM

DD

YYYYYY

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 Judith Zamore

Signature of Treasurer

Judith Zamore

Judith Zamore

Date

MM

DD

YYYYYY

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

Office Use Only

FEC FORM 3 (Revised 02/2003)

13020421427

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 11

Write or Type Committee Name

Arkansas-North Carolina Victory Fund

Report Covering the Period: From:

/ /

To:

/ /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	43900.00	84900.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	43900.00	84900.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1910.50	4948.20
(b) Total Offsets to Operating Expenditures (from Line 14)	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	1910.50	4948.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	34.50	
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	

For further information contact:

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

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

13020421428

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 12/2003)

PAGE 3 / 11

Write or Type Committee Name

Arkansas-North Carolina Victory Fund

Report Covering the Period: From:

M	M
07	

 /

D	D
01	

 /

Y	Y	Y	Y
2013			

 To:

M	M
09	

 /

D	D
30	

 /

Y	Y	Y	Y
2013			

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	43900.00	74300.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	43900.00	74300.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	10600.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	43900.00	84900.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	43900.00	84900.00

13020421429

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1910.50	4948.20
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	41980.00	79917.30
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ▶	43890.50	84865.50

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	25.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	43900.00
25. SUBTOTAL (add Line 23 and Line 24).....	43925.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	43890.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	34.50

13020421430

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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)
Arkansas-North Carolina Victory Fund

A. Full Name (Last, First, Middle Initial)
Michelle Cogan

Mailing Address PO Box 11599

City Saint Thomas State VI Zip Code 00801

FEC ID number of contributing federal political committee. C

Name of Employer The Robins Group Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
 MM / DD / YYYY
 07 / 22 / 2013

Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
 5200.00

B. Full Name (Last, First, Middle Initial)
Nancy P. Colizzo

Mailing Address 120 Georgetown Rd

City West Newbury State MA Zip Code 01985

FEC ID number of contributing federal political committee. C

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
 MM / DD / YYYY
 07 / 22 / 2013

Transaction ID : SA11AI.4195

Amount of Each Receipt this Period
 5200.00

C. Full Name (Last, First, Middle Initial)
Alan M. Leventhal

Mailing Address 200 State St
Fifth Fl

City Boston State MA Zip Code 02109

FEC ID number of contributing federal political committee. C

Name of Employer Beacon Capital Partners Occupation President

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date 2500.00

Date of Receipt
 MM / DD / YYYY
 07 / 22 / 2013

Transaction ID : SA11AI.4182

Amount of Each Receipt this Period
 2500.00

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

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

12900.00

13020421431

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11		
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12	<input type="checkbox"/> 11b <input type="checkbox"/> 13a	<input type="checkbox"/> 11c <input type="checkbox"/> 13b	<input type="checkbox"/> 11d <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Arkansas-North Carolina Victory Fund

A. Full Name (Last, First, Middle Initial)
Norman B. Leventhal

Mailing Address **12 Sloans Curve Dr**

City **Boca Raton** State **FL** Zip Code **33434**

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

Name of Employer **Fisher Scientific** Occupation **President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **2500.00**

Date of Receipt
 MM / DD / YYYY
07 / 22 / 2013

Transaction ID : **SA11AI.4178**

Amount of Each Receipt this Period
2500.00

B. Full Name (Last, First, Middle Initial)
Susan M. Meister

Mailing Address **1 Liberty Ln E**

City **Hampton** State **NH** Zip Code **03842**

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

Name of Employer **Alert Alarm System** Occupation **President**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
07 / 22 / 2013

Transaction ID : **SA11AI.4188**

Amount of Each Receipt this Period
5200.00

C. Full Name (Last, First, Middle Initial)
Anthony M. Montrone

Mailing Address **31 Hemlock Cir**

City **Princeton** State **NJ** Zip Code **08540**

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

Name of Employer **New England Health Care Foundation** Occupation **Executive**

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date **5200.00**

Date of Receipt
 MM / DD / YYYY
07 / 22 / 2013

Transaction ID : **SA11AI.4193**

Amount of Each Receipt this Period
5200.00

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

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

12900.00

13020421432

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 12 <input type="checkbox"/> 11b <input type="checkbox"/> 13a <input type="checkbox"/> 11c <input type="checkbox"/> 13b <input type="checkbox"/> 11d <input type="checkbox"/> 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Arkansas-North Carolina Victory Fund

A. Full Name (Last, First, Middle Initial)
Paul M. Montrone

Mailing Address 153 Kensington Rd

City Hampton Falls State NH Zip Code 03844

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Beacon Capital Partners CEO

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2013

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
5200.00

B. Full Name (Last, First, Middle Initial)
Jeremiah B. Robins

Mailing Address 6050 Santo Rd
Apt 150

City San Diego State CA Zip Code 92124

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Latrone Associates Environmental Consultant

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2013

Transaction ID : SA11AI.4191

Amount of Each Receipt this Period
5200.00

C. Full Name (Last, First, Middle Initial)
Phillip B. Rooney

Mailing Address 344 S Beach Rd

City Hobe Sound State FL Zip Code 33455

FEC ID number of contributing federal political committee. C

Name of Employer Occupation
Beacon Capital Partners Partner

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date 5200.00

Date of Receipt
MM / DD / YYYY
07 / 22 / 2013

Transaction ID : SA11AI.4177

Amount of Each Receipt this Period
5200.00

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

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

15600.00

13020421433

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

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

FOR LINE NUMBER: PAGE 8 OF 11

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 11d	<input type="checkbox"/> 12	<input type="checkbox"/> 13a	<input type="checkbox"/> 13b	<input type="checkbox"/> 14	<input type="checkbox"/> 15
-----------------------------------------	------------------------------	------------------------------	------------------------------	-----------------------------	------------------------------	------------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)
Arkansas-North Carolina Victory Fund

Full Name (Last, First, Middle Initial) Donna J. Seigel		Date of Receipt MM / DD / YYYY 07 / 22 / 2013
Mailing Address 33 Woodland Rd		Transaction ID : SA11AI.4186
City North Hampton	State NH	Zip Code 03862
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1250.00	
Name of Employer Not Employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial) Fred A. Seigel		Date of Receipt MM / DD / YYYY 07 / 22 / 2013
Mailing Address 33 Woodland Rd		Transaction ID : SA11AI.4184
City North Hampton	State NH	Zip Code 03862
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1250.00	
Name of Employer Not Employed	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1250.00	

Full Name (Last, First, Middle Initial)		Date of Receipt MM / DD / YYYY
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date	

SUBTOTAL of Receipts This Page (optional).....	2500.00
TOTAL This Period (last page this line number only).....	43900.00

13020421434

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

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

FOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21
-----------------------------------------------	------------------------------------	-------------------------------------	------------------------------------

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NAME OF COMMITTEE (In Full)
Arkansas-North Carolina Victory Fund

Full Name (Last, First, Middle Initial) A. Benchmark Strategies		Date of Disbursement MM / DD / YYYY 08 / 20 / 2013	
Mailing Address 303 Massachusetts Ave NE		Amount of Each Disbursement this Period 743.50	
City Washington	State DC	Zip Code 20002	Transaction ID : SB17.4202
Purpose of Disbursement Reimburse Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

Full Name (Last, First, Middle Initial) B. Dav-El Transportation		Date of Disbursement MM / DD / YYYY 08 / 20 / 2013	
Mailing Address 220 Second St		Amount of Each Disbursement this Period 743.50	
City Chelsea	State MA	Zip Code 02150	Transaction ID : SB17.4202.0
Purpose of Disbursement Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Flanagan Fulkerson & Co		Date of Disbursement MM / DD / YYYY 08 / 08 / 2013	
Mailing Address 220 I St NE Ste 250		Amount of Each Disbursement this Period 1167.00	
City Washington	State DC	Zip Code 20002	Transaction ID : SB17.4200
Purpose of Disbursement Reimburse Travel		Category/ Type	
Candidate Name			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	1910.50
TOTAL This Period (last page this line number only).....	

13020421435

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
Arkansas-North Carolina Victory Fund

A. Cape Air

Full Name (Last, First, Middle Initial)

Mailing Address 660 Barstable Rd

City Hyannisport State MA Zip Code 02601

Purpose of Disbursement Travel

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY 08 / 08 / 2013

Amount of Each Disbursement this Period: 1167.00

Transaction ID : SB17.4200.0

[MEMO ITEM]

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

Disbursement For: Primary General Other (specify)

State: District:

Date of Disbursement: MM / DD / YYYY

Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional)..... 0.00

TOTAL This Period (last page this line number only)..... 1910.50

13020421436

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 11
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Arkansas-North Carolina Victory Fund

Full Name (Last, First, Middle Initial) A. HAGAN FOR US SENATE INC		Date of Disbursement
Mailing Address PO BOX 29103		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 09 / 06 / 2013
City GREENSBORO	State NC	Zip Code 27429
Purpose of Disbursement Transfer	<input type="checkbox"/>	Amount of Each Disbursement this Period 20990.00
Candidate Name KAY R HAGAN	Category/ Type	Transaction ID : SB18.4205
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: NC District: 00		

Full Name (Last, First, Middle Initial) B. MARK PRYOR FOR US SENATE		Date of Disbursement
Mailing Address PO BOX 2720		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY 09 / 06 / 2013
City LITTLE ROCK	State AR	Zip Code 72203
Purpose of Disbursement Transfer	<input type="checkbox"/>	Amount of Each Disbursement this Period 20990.00
Candidate Name MARK L PRYOR	Category/ Type	Transaction ID : SB18.4204
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: AR District: 00		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement
Mailing Address		<input type="checkbox"/> MM / <input type="checkbox"/> DD / <input type="checkbox"/> YYYY
City	State	Zip Code
Purpose of Disbursement	<input type="checkbox"/>	Amount of Each Disbursement this Period
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	41980.00
TOTAL This Period (last page this line number only).....	41980.00

13020421437

NANCY ERICKSON
SECRETARY

DANA K. MCCALLUM
SUPERINTENDENT
HART SENATE OFFICE BUILDING
SUITE 232
WASHINGTON, DC 20510-7116
PHONE: (202) 224-0322

United States Senate

OFFICE OF THE SECRETARY

OFFICE OF PUBLIC RECORDS

THE PRECEDING DOCUMENT WAS:

HAND DELIVERED _____

10/9/13
Date of Receipt

USPS FIRST CLASS MAIL _____

Postmark

USPS REGISTERED/CERTIFIED _____

Postmark

USPS PRIORITY MAIL _____

Postmark

DELIVERY CONFIRMATION OR SIGNATURE CONFIRMATION LABEL

USPS EXPRESS MAIL _____

Postmark

OVERNIGHT DELIVERY SERVICE:

SHIPPING DATE

NEXT BUSINESS DAY DELIVERY

FEDERAL EXPRESS _____

UPS _____

DHL _____

AIRBORNE EXPRESS _____

RECEIVED FROM FEDERAL ELECTION COMMISSION _____

Date of Receipt

POSTMARK ILLEGIBLE

NO POSTMARK

FAX _____

Date of Receipt

OTHER _____

Date of Receipt or Postmark

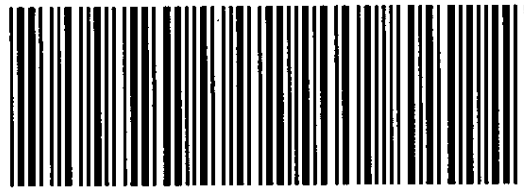
PREPARER _____

DKM

DATE PREPARED _____

10/10/13

13020421438



13020421439