

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

RECEIVED

2013 JUL -9 AM 8:13

Office Use Only

FEC MAIL CENTER

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

12FE4M5

NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE

ADDRESS (number and street)

1773 T Street, NW

Check if different than previously reported. (ACC)

Washington

DC

20009

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C00297739

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
October 15 Quarterly Report (Q3)
January 31 Year-End Report (YE)
July 31 Mid-Year Report (Non-election Year Only) (MY)
Termination Report (TER)

- (b) Monthly Report Due On: Feb 20 (M2), Mar 20 (M3), Apr 20 (M4), May 20 (M5), Jun 20 (M6), Jul 20 (M7), Aug 20 (M8), Sep 20 (M9), Oct 20 (M10), Nov 20 (M11), Dec 20 (M12), 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

MM/DD/YYYY through MM/DD/YYYY 04/01/2013 through 06/30/2013

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 Mr. Brent Weickert

Signature of Treasurer

Mr. Brent Weickert

Date

MM/DD/YYYY 07/01/2013

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

Office Use Only

FEC FORM 3X Rev. 12/2004

13031082594

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From: 

MM	DD	YYYY
04	01	2013

 To: 

MM	DD	YYYY
06	30	2013

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>YYYY</td></tr><tr><td>2013</td></tr></table>	YYYY	2013		<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8163.25</td></tr></table>	8163.25
YYYY					
2013					
8163.25					
(b) Cash on Hand at Beginning of Reporting Period.....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>12460.25</td></tr></table>	12460.25			
12460.25					
(c) Total Receipts (from Line 19) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>2700.00</td></tr></table>	2700.00	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>8997.00</td></tr></table>	8997.00	
2700.00					
8997.00					
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>15160.25</td></tr></table>	15160.25	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>17160.25</td></tr></table>	17160.25	
15160.25					
17160.25					
7. Total Disbursements (from Line 31) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>1641.02</td></tr></table>	1641.02	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>3641.02</td></tr></table>	3641.02	
1641.02					
3641.02					
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>13519.23</td></tr></table>	13519.23	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>13519.23</td></tr></table>	13519.23	
13519.23					
13519.23					
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00			
0.00					
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>0.00</td></tr></table>	0.00			
0.00					

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

**For further information contact:**

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

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

13031082595

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2013

To:

MM / DD / YYYY  
06 / 30 / 2013

**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).....

2250.00

4600.00

(ii) Unitemized.....

450.00

1397.00

(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶

2700.00

5997.00

(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).....▶

2700.00

5997.00

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

3000.00

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)).....▶

2700.00

8997.00

20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶

2700.00

8997.00

13031082596

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

**II. Disbursements**

**COLUMN A**  
Total This Period

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

21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	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.....	1641.02	3641.02
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))..	1641.02	3641.02
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1641.02	3641.02

13031082597

**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) .....	2700.00	5997.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2700.00	5997.00
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

13031082598

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

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

FOR LINE NUMBER: PAGE 6 OF 10  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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)  
**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Rhonda Bone**

Mailing Address 4264 FM 775

City State Zip Code  
La Vernia TX 78121

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Rhondas Health Foods Owner

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
647.00

Date of Receipt

MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : SA11AI.5337

Amount of Each Receipt this Period

200.00

Full Name (Last, First, Middle Initial)

**B. Karen Greenway**

Mailing Address 1254 S Broad St

City State Zip Code  
Brooksville FL 34601

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
Brooksville Natural Foods Owner

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
250.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period

250.00

Full Name (Last, First, Middle Initial)

**C. Mr. Harvey Kamil**

Mailing Address 4320 Veterans Memorial Hwy

City State Zip Code  
Holtbrook NY 11741

FEC ID number of contributing federal political committee.  C

Name of Employer Occupation  
NTBY Executive

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼  
500.00

Date of Receipt

MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SA11AI.5319

Amount of Each Receipt this Period

500.00

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

950.00

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

13031082599

**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 10
	<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)  
**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)  
**A. Greg Leonard**

Mailing Address PO Box 2915

City State Zip Code  
Ponte Vedra FL 32004

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

Name of Employer Occupation  
KeHe Distributors Executive

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SA11AI.5327

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**B. Angie O'pry Blades**

Mailing Address 1211 N 18th St

City State Zip Code  
Monroe LA 71201

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

Name of Employer Occupation  
Fiesta Nutrition Center owner

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SA11AI.5329

Amount of Each Receipt this Period  
250.00

Full Name (Last, First, Middle Initial)  
**C. Mr. Howard Pollack**

Mailing Address 13208 W Washington Blvd

City State Zip Code  
Los Angeles CA 90066

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

Name of Employer Occupation  
Rainbow Acres, Inc. President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SA11AI.5315

Amount of Each Receipt this Period  
500.00

**SUBTOTAL** of Receipts This Page (optional).....▶ 1000.00

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

13031082600

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 10	
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16

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NAME OF COMMITTEE (In Full)  
**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

**A. Mr. Brent Weickert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1773 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer Natural Products Association	Occupation Sr. V.P./CFO
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
400.00

Date of Receipt  
MM / DD / YYYY  
04 / 17 / 2013

Transaction ID : SA11AI.5318

Amount of Each Receipt this Period  
100.00

**B. Mr. Brent Weickert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1773 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer Natural Products Association	Occupation Sr. V.P./CFO
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
04 / 30 / 2013

Transaction ID : SA11AI.5324

Amount of Each Receipt this Period  
100.00

**C. Mr. Brent Weickert**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1773 T Street, NW

City Washington	State DC	Zip Code 20009
--------------------	-------------	-------------------

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

Name of Employer Natural Products Association	Occupation Sr. V.P./CFO
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
600.00

Date of Receipt  
MM / DD / YYYY  
06 / 30 / 2013

Transaction ID : SA11AI.5336

Amount of Each Receipt this Period  
100.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....	300.00
<b>TOTAL</b> This Period (last page this line number only).....	2250.00

13031082601



**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 9 OF 10
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b	

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NAME OF COMMITTEE (In Full)  
**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial) <b>A. FRIENDS OF MARY LANDRIEU, INC.</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2013
Mailing Address 700 13TH STREET NW SUITE 600		Transaction ID : <b>SB23.5332</b>
City WASHINGTON State DC Zip Code 20005	Purpose of Disbursement 011 Category/Type	
Candidate Name <b>FRIENDS OF MARY LANDRIEU, INC.</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 250.00
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: LA District: 00	

Full Name (Last, First, Middle Initial) <b>B. LOBO PAC</b>		Date of Disbursement MM / DD / YYYY 06 / 25 / 2013
Mailing Address PO BOX 492		Transaction ID : <b>SB23.5334</b>
City ALBUQUERQUE State NM Zip Code 87103	Purpose of Disbursement 011 Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 500.00
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: District:	

Full Name (Last, First, Middle Initial) <b>C. MARTIN HEINRICH FOR SENATE</b>		Date of Disbursement MM / DD / YYYY 06 / 04 / 2013
Mailing Address P.O. BOX 25763		Transaction ID : <b>SB23.5331</b>
City ALBUQUERQUE State NM Zip Code 87125	Purpose of Disbursement 011 Category/Type	
Candidate Name <b>MARTIN HEINRICH FOR SENATE</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Amount of Each Disbursement this Period 250.00
Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	State: NM District: 00	

SUBTOTAL of Disbursements This Page (optional).....▶	1000.00
TOTAL This Period (last page this line number only).....▶	

13031082602

**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 10 OF 10			
	<input type="checkbox"/> 21b 27	<input type="checkbox"/> 22 28a	<input checked="" type="checkbox"/> 23 28b	<input type="checkbox"/> 24 28c	<input type="checkbox"/> 25 29	<input type="checkbox"/> 26 30b

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NAME OF COMMITTEE (In Full)  
**NATURAL PRODUCTS ASSOCIATION POLITICAL ACTION COMMITTEE**

Full Name (Last, First, Middle Initial)

**A. Tom PAC**

Mailing Address P O Box 811

City Des Moines State IA Zip Code 50304

Purpose of Disbursement  
hilton fundraising costs

001  
 002  
 003  
Category/  
Type

Candidate Name  
**Tom PAC**

Office Sought:  House  Senate  President  
Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY  
04 / 21 / 2013

Transaction ID : SB23.5312

Amount of Each Disbursement this Period

641.02

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

001  
 002  
 003  
Category/  
Type

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

001  
 002  
 003  
Category/  
Type

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).....▶

641.02

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

1641.02

13031082603

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

Hand Delivered Date of Receipt

USPS First Class Mail Postmarked

USPS Registered/Certified Postmarked (R/C)

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

USPS Express Mail Postmarked

Postmark Illegible

No Postmark

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

Received from House Records & Registration Office Date of Receipt

Received from Senate Public Records Office Date of Receipt

Received from Electronic Filing Office Date of Receipt

Other (Specify): Date of Receipt or Postmarked

  
PREPARER

7/9/13  
DATE PREPARED

13031082604