

**FEC  
FORM 3X**

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

RECEIVED

2012 JAN 23 PM 1:39

Office Use Only

FEC MAIL CENTER

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

WESTMED MEDICAL GROUP, P.C. PAC

(WESTMED) PAC

ADDRESS (number and street) 2700 WESTCHESTER AVENUE

Check if different than previously reported. (ACC) PURCHASE NY 10577-2547

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

C00489450

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:
- |                                      |                                      |                                       |  |
|--------------------------------------|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8)  | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9)  | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE)                           |

- (c) 12-Day PRE-Election Report for the:
- |   |  |                                       |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P)    | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12S) |                                       |

Election on [ ] / [ ] / [ ] in the State of [ ]

- (d) 30-Day POST-Election Report for the:
- |  |                                       |  |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on [ ] / [ ] / [ ] in the State of [ ]

5. Covering Period 07 / 01 / 2011 through 12 / 31 / 2011

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 William Martucci MD

Signature of Treasurer



Date

01 / 18 / 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

12030712954

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Report Covering the Period: From:

MM / DD / YYYY  
07 / 01 / 2011

To:

MM / DD / YYYY  
12 / 31 / 2011

**COLUMN A  
This Period**

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

6. (a) Cash on Hand January 1, 2011	450565
(b) Cash on Hand at Beginning of Reporting Period.....	536033
(c) Total Receipts (from Line 19).....	989800
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	1440365
7. Total Disbursements (from Line 31).....	61343
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	1379022
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D).....	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D).....	

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

12030712955

**DETAILED SUMMARY PAGE  
of Receipts**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

**WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)**

Report Covering the Period: From: 

M	M
0	7

 / 

D	D
0	1

 / 

Y	Y	Y	Y	Y	Y
2	0	1	1		

 To: 

M	M
1	2

 / 

D	D
3	1

 / 

Y	Y	Y	Y	Y	Y
2	0	1	1		

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

8	8	5	0	0	0
8	8	5	0	0	0

9	8	9	8	0	0
9	8	9	8	0	0

- (b) Political Party Committees .....
- (c) Other Political Committees (such as PACs).....
- (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

8	8	5	0	0	0
---	---	---	---	---	---

9	8	9	8	0	0
---	---	---	---	---	---

12. Transfers From Affiliated/Other Party Committees.....

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13. All Loans Received.....

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

14. Loan Repayments Received.....

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15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....

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16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

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17. Other Federal Receipts (Dividends, Interest, etc.).....

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

18. Transfers from Non-Federal and Levin Funds

- (a) Non-Federal Account (from Schedule H3).....
- (b) Levin Funds (from Schedule H5).....
- (c) Total Transfers (add 18(a) and 18(b))..



19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

8	8	5	0	0	0
---	---	---	---	---	---

9	8	9	8	0	0
---	---	---	---	---	---

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

8	8	5	0	0	0
---	---	---	---	---	---

9	8	9	8	0	0
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**DETAILED SUMMARY PAGE**  
of Disbursements

12030712957

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 .....		
(ii) Non-Federal Share.....		
(b) Other Federal Operating Expenditures .....	4 2 0 1 1	6 1 3 4 3
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4 2 0 1 1	6 1 3 4 3
22. Transfers to Affiliated/Other Party Committees.....		
23. Contributions to Federal Candidates/Committees and Other Political Committees.....		
24. Independent Expenditures (use Schedule E).....		
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....		
26. Loan Repayments Made.....		
27. Loans Made.....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs).....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....		
29. Other Disbursements .....		
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....		
(ii) "Levin" Share.....		
(b) Federal Election Activity Paid Entirely With Federal Funds .....		
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....		
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))..	4 2 0 1 1	6 1 3 4 3
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4 2 0 1 1	6 1 3 4 3

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

**III. Net Contributions/Operating Ex-**  
**penditures**

**COLUMN A**  
**Total This Period**

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

- 33. Total Contributions (other than loans)  
(from Line 11(d), page 3) .....
- 34. Total Contribution Refunds  
(from Line 28(d)) .....
- 35. Net Contributions (other than loans)  
(subtract Line 34 from Line 33) .....
- 36. Total Federal Operating Expenditures  
(add Line 21(a)(i) and Line 21(b)) .....
- 37. Offsets to Operating Expenditures  
(from Line 15, page 3).....
- 38. Net Operating Expenditures  
(subtract Line 37 from Line 36) .....

8 8 5 0 0 0
8 8 5 0 0 0
4 2 0 1 1
4 2 0 1 1

9 8 9 8 0 0
9 8 9 8 0 0
6 1 3 4 3
6 1 3 4 3

12030712958

**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 7

(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)  
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Full Name (Last, First, Middle Initial) <b>A. ETTENSON, JOHN</b>		Date of Receipt MM / DD / YYYY 07 / 13 / 2011	
Mailing Address 15 FOX RIDGE RD		Amount of Each Receipt this Period 2,500.00	
City ARMONK	State NY	Zip Code 10504	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0			
Name of Employer WESTMED MEDICAL GROUP		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 2,500.00	
Full Name (Last, First, Middle Initial) <b>B. WRIGHT, MIA</b>		Date of Receipt MM / DD / YYYY 07 / 22 / 2011	
Mailing Address 9 SILVER STREAM DR.		Amount of Each Receipt this Period 5,000.00	
City W HARRISON	State NY	Zip Code 10604	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0			
Name of Employer WESTMED MEDICAL GROUP		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5,000.00	
Full Name (Last, First, Middle Initial) <b>C. SILVERMAN, RONALD</b>		Date of Receipt MM / DD / YYYY 09 / 02 / 2011	
Mailing Address 35 TOMPKINS RD		Amount of Each Receipt this Period 5,000.00	
City SCARSDALE	State NY	Zip Code 10583	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0			
Name of Employer WESTMED MEDICAL GROUP		Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 5,000.00	
SUBTOTAL of Receipts This Page (optional).....		1,250.00	
TOTAL This Period (last page this line number only).....		1,250.00	

12030712959

**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 7					
	<input checked="" type="checkbox"/> 11a 13	<input type="checkbox"/> 11b 14	<input type="checkbox"/> 11c 15	<input type="checkbox"/> 12 16	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Full Name (Last, First, Middle Initial) <b>A. JOSEPHSON, LYNN</b>		Date of Receipt MM / DD / YYYY 09 / 16 / 2011
Mailing Address 1 MEAD POND LANE		Amount of Each Receipt this Period 25000
City RYE	State NY	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0		Aggregate Year-to-Date ▼ 25000
Name of Employer WESTMED MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. ROTHBART, GARY</b>		Date of Receipt MM / DD / YYYY 09 / 23 / 2011
Mailing Address 71 BEVERLY ROAD		Amount of Each Receipt this Period 50000
City NEW ROCHELLE	State NY	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0		Aggregate Year-to-Date ▼ 50000
Name of Employer WESTMED MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. KOROSI, ANTHONY</b>		Date of Receipt MM / DD / YYYY 09 / 30 / 2011
Mailing Address 22 EDITHS WAY		Amount of Each Receipt this Period 50000
City HASTINGS ON HUDSON	State NY	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0		Aggregate Year-to-Date ▼ 50000
Name of Employer WESTMED MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Receipts This Page (optional).....▶	125000
TOTAL This Period (last page this line number only).....▶	

12030712960





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

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

FOR LINE NUMBER: PAGE 4 OF 7  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

**A. NEWMAN, BARNEY**

Full Name (Last, First, Middle Initial)  
NEWMAN, BARNEY

Mailing Address  
58 TOP HILL LANE

City MOUNT KISCO State NY Zip Code 10549

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Date of Receipt 10 / 12 / 2011

Amount of Each Receipt this Period 5 0 0 0 0

Name of Employer WESTMED PRACTICE PARTNERS Occupation CMO

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5 0 0 0 0

**B. FRANCELLA, ANDREW**

Full Name (Last, First, Middle Initial)  
FRANCELLA, ANDREW

Mailing Address  
123 AVIEMORE DRIVE

City NEW ROCHELLE State NY Zip Code 10804

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Date of Receipt 10 / 12 / 2011

Amount of Each Receipt this Period 5 0 0 0 0

Name of Employer WESTMED MEDICAL GROUP Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5 0 0 0 0

**C. GRANO, VANESSA**

Full Name (Last, First, Middle Initial)  
GRANO, VANESSA

Mailing Address  
2 WEBB AVE

City OLD GREENWICH State CT Zip Code 06870

FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0

Date of Receipt 10 / 12 / 2011

Amount of Each Receipt this Period 5 0 0 0 0

Name of Employer WESTMED MEDICAL GROUP Occupation PHYSICIAN

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 5 0 0 0 0

SUBTOTAL of Receipts This Page (optional)..... ▶ 1 5 0 0 0 0

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

12030712962



**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 7

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)  
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

Full Name (Last, First, Middle Initial) <b>A. MOREL, RICHARD P</b>		Date of Receipt 10 / 14 / 2011
Mailing Address 111 CLIFF AVE		Amount of Each Receipt this Period 50000
City PELHAM	State NY	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0		Aggregate Year-to-Date ▼ 50000
Name of Employer WESTMED MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>B. LEGATT, ELIZABETH</b>		Date of Receipt 10 / 14 / 2011
Mailing Address 14 DELLWOOD RD		Amount of Each Receipt this Period 10000
City WHITE PLAINS	State NY	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0		Aggregate Year-to-Date ▼ 10000
Name of Employer WESTMED MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) <b>C. NELSON, WILLIAM</b>		Date of Receipt 10 / 14 / 2011
Mailing Address 426 LARCHMONT ACRES APT C		Amount of Each Receipt this Period 50000
City LARCHMONT	State NY	
FEC ID number of contributing federal political committee. C 0 0 4 8 9 4 5 0		Aggregate Year-to-Date ▼ 50000
Name of Employer WESTMED MEDICAL GROUP	Occupation PHYSICIAN	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

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

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

110000
110000

12030712964

**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 7
<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)  
WESTMED MEDICAL GROUP, P.C. PAC (WESTMED PAC)

**A. HIRSCH, JORDAN**  
Full Name (Last, First, Middle Initial)

Mailing Address  
44 HAWTHORNE PLACE

City: BRIARCLIFF MANOR      State: NY      Zip Code: 10510

FEC ID number of contributing federal political committee: C00489450

Name of Employer: WESTMED MEDICAL GROUP      Occupation: PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
75000

Date of Receipt  
10 / 26 / 2011

Amount of Each Receipt this Period  
75000

**B. ARMBRUSTER, ROBERT**  
Full Name (Last, First, Middle Initial)

Mailing Address  
14 BANKS FARM ROAD

City: BEDFORD      State: NY      Zip Code: 10506

FEC ID number of contributing federal political committee: C00489450

Name of Employer: WESTMED MEDICAL GROUP      Occupation: PHYSICIAN

Receipt For:  
 Primary     General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
50000

Date of Receipt  
11 / 09 / 2011

Amount of Each Receipt this Period  
50000

**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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	125000
TOTAL This Period (last page this line number only).....▶	885000

12030712965

**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): UPS Shipping Date  
1/19/12  
 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

AD  
 PREPARER

1/23/12  
 DATE PREPARED

12030712966