

~~Returned~~

SEP 06 2012

Commissioner of Political Practices  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
Phone: 406-444-2942  
Fax: 406-444-1643  
www.politicalpractices.mt.gov

RECEIVED  
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POLITICAL PRACTICES

2012 SEP 10 P 1:03

FOR OFFICE USE ONLY

RECEIVED  
COMMISSIONER OF  
POLITICAL PRACTICES

2012 SEP 10 P 1:03

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CERTIFIED MAIL

SIGNED/NOTARIZED

### Campaign Finance and Practices

### Complaint Form (10/09)

Type or print in ink all information on this form except for verification signature

#### Person bringing complaint (Complainant):

Complete Name Klaas Tuininga  
Complete Mailing Address 6445 Churchill Rd.  
Manhattan, MT 59741  
Phone Numbers: Work 406-587-0765 Cell 406-570-8111 Home \_\_\_\_\_

#### Person or organization against whom complaint is brought (Respondent):

Complete Name Steve Bullock  
Complete Mailing Address P.O. Box 1330 Helena, MT 59624  
Phone Numbers: Work 406-442-2773 Home \_\_\_\_\_

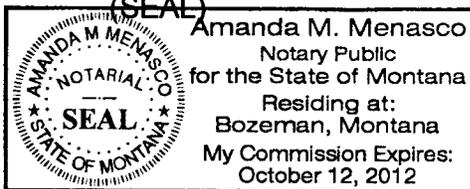
**Please complete the second page of this form and describe in detail the facts of the alleged violation.**

### Verification by oath or affirmation

State of Montana, County of Gallatin

I, Klaas Tuininga, being duly sworn, state that the information in this Complaint is complete, true, and correct, to the best of my knowledge and belief.

Signature of Complainant



Subscribed and sworn to before me this 5<sup>th</sup> day of September, 2012.

Amanda M. Menasco  
Notary Public

My Commission Expires: 10/12/2012



1. Bullock violated § 13-37-216, Mont. Code Ann. That statute provides, in pertinent part,
  - 1. Limitations on contributions – adjustment.** (1) (a) Subject to adjustment as provided for in subsection (4), aggregate contributions for each election in a campaign by a political committee or by an individual, other than the candidate, to a candidate are limited as follows:
    - (i) for candidates filed jointly for the office of governor and lieutenant governor, not to exceed \$500;
    - (4) (a) The commissioner shall adjust the limitations in subsections (1) and (3) by multiplying each limit by an inflation factor, which is determined by dividing the consumer price index for June of the year prior to the year in which a general election is held by the consumer price index for June 2002.
    - (5) **A candidate may not accept any contributions, including in-kind contributions, in excess or the limits in this section.**

ARM 44.10.330 provides in pertinent part:

**DESIGNATION OF CONTRIBUTIONS FOR PRIMARY AND GENERAL**

**ELECTIONS** (1) Aggregate contributions for each election in a campaign are limited according to 13-37-216, MCA. An "election" in a campaign, for the purposes of 13-37-216, MCA, is defined as either a primary election or a general election.

(2) For purposes of applying aggregate contribution limits per election the following apply:

- (a) Aggregate contribution limits for each election, as set forth in 13-37-216, MCA, apply to a primary election and to a general election as defined in ARM 44.10.334; (b) Time periods for filing reports of contributions and expenditures are set forth in 13-37-226 and 13-37-228, MCA.

As a general rule, contributions received by a candidate prior to and on the day of a primary election are designated for the primary election and are subject to then aggregate contribution limits for the primary election; however, a candidate in a contested primary may receive contributions designated for the general election during the primary election period (except for in-kind contributions) subject to the contribution limits for the general election.

- Mr. Bullock took \$600 from Capital One Financial Corp Association Political Fund and designated the full amount to the Primary Election when in fact the PAC designated \$300 for the Primary and \$300 for the General – See FEC Report attached
- Mr. Bullock received over the allowed contribution limit from Comcast Political Action Committee-Federal by taking \$1,260 in his primary election. His first reported contribution was on 5/12/2012 and again on 2/21/2012. The contributions were not designated for the General election and thus he was over the campaign limits. See FEC Report attached
- Mr. Bullock received over the allowed contribution limit from EchoStar Corporation and DISH Network Corp PAC by taking \$1,200 in his primary election. His first reported contribution was on 10/12/2010 and again on 5/12/2011. The 2010 was designated \$300 for the Primary and \$300 for the General, however the second contribution made for \$600 was not designated and exceeds the Primary limits at the time of the contributions by \$300. See FEC Report attached

- Mr. Bullock received over the allowed contribution limit from Pfizer PAC by taking \$930 in his primary election. His first reported contribution was on 4/27/2009, 6/10/2011, 6/4/2012 none of these contributions were designated for the General. See FEC Report attached
- Mr. Bullock received over the allowed contribution limit from “RAC Good Government Committee” and “Rent-A-Center PAC”. His first reported contribution was on 6/28/2011 from “Rent-A-Center PAC” in the amount of \$600 which was designated for the Primary election. Then on 4/13/2012 he received \$660 from “RAC Good Government Committee” which was designated for the General (which is over the campaign limits). However, Mr. Bullock chose to place the general designated funds in the primary so as to max the primary contributions, and the remainder was placed in the general election column. See FEC report
- Mr. Bullock received over the allowed contribution limit from GlaxoSmith Kline PAC. His first reported contribution was on 12/15/2009 (\$310 designated for the primary and \$310 designated for the general (see FEC report), the second contribution on 8/1/2011 was designated for the primary however Mr. Bullock reported \$290 for the general and \$10 for the primary, the third contribution on 6/4/2012 in the amount of \$630 was designated for the primary and again Bullock reported \$290 for the primary and \$340 for the general. This puts him over the campaign limits by \$610.
- Mr. Bullock received from Endo PAC (Endo Pharmaceuticals Inc Political Action Committee). His first reported contribution was on 5/16/2012 (\$300 designated for the primary and \$300 designated for the general (see FEC report), however Mr. Bullock reported both contributions for the primary election. See FEC report
- Mr. Bullock received over the allowed contribution limit from Billings Fire Fighters Local 521 PAC on 3/16/2011 of \$150 (however their reports show no contribution for \$150), 10/24/2011 of \$100 (however their reports show no contribution for \$150), 3/22/2012 of \$380 and \$120 (this was shown in one contribution for the primary), however this is not a registered PAC and is in violation of Montana code. See attached.
- Mr. Bullock received from GFEA PAC on 3/9/2012 of \$300 (however they have not filed a report since 2010 which is in violation of Montana law thus Mr. Bullock is taking funds from an illegal PAC.
- Mr. Bullock received from Glacier PAC on 3/11/2012 \$630 designated for the general however Mr. Bullock reported it in the primary.
- Mr. Bullock received over the allowed contribution limit from MEA-MFT COPE. MEA-MFT COPE contributed on 2/1/2012 \$1,260 to Mr. Bullocks campaign and designated the funds for the primary which is \$630 over the allowed limit. However Mr. Bullock marked the contribution split, \$630 for the primary and \$630 for the general. See attached
- Mr. Bullock received from Holcim (US) Inc. 2 contributions both on the 5/1/2009 for \$620. However the contribution was split, the first for \$310 was designated for the primary and the second \$310 was designated for the general and Mr. Bullock reported both contributions for the primary election. See FEC report

- Mr. Bullock received over the allowed contribution limit from The Home Depot Inc. PAC contributions on 12/14/2011 totaling \$1,260. There was no designation thus Home Depot Inc. PAC over contributed to his primary by \$630. See FEC report
- Mr. Bullock received over the allowed contribution limit from Progressives United PAC. His first reported contribution was on 4/23/2012 in the amount of \$1,260 without any designation however Mr. Bullock reported 2 contributions one for the primary of \$630 and one for the general of \$630. See FEC report
- Mr. Bullock received over the allowed contribution limit from Montana Public Employees Assn. PAC. His first reported contribution was on 4/9/2012 in the amount of \$630 designated for the primary then he received another contribution on 5/31/2012 for \$500 also designated for the primary. Mr. Bullock received \$500 over the campaign limits in the primary election. See attached
- Mr. Bullock received over the allowed contribution limit from Helena Education Association. His first reported contribution was on 6/4/2012 in the amount of \$1,260 designated for the primary. However Mr. Bullock reported receiving two contributions for \$630 each even though he received only one contribution and that was designated only for the primary which was over the campaign limit by \$630. See attached
- Mr. Bullock received over the allowed contribution limit from Lowe's Companies, Inc. PAC. His first reported contribution was on 6/5/2012 in the amount of \$1,260. However there is no FEC report or PAC or any state record that the Lowes PAC exists therefore it must be part of the Lowes Corporation. Mr. Bullock reported receiving two contributions for \$630 However without designation it must be construed that it was for the primary, thus put Mr. Bullock over the limit by \$630.



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
Capital One Financial Corp. Assoc. Political Fund

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		88844.58
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	88844.58									
(c) Total Receipts (from Line 19) .....	267685.49	267685.49								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	356530.07	356530.07								
7. Total Disbursements (from Line 31) .....	165600.00	165600.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	190930.07	190930.07								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

**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 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 checked="" 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)  
Capital One Financial Corp. Assoc. Political Fund

<p><b>A.</b> Full Name (Last, First, Middle Initial) Conway for Attorney General</p> <p>Mailing Address P.O. Box 4041</p> <p>City Frankfort State KY Zip Code 40604</p> <p>Purpose of Disbursement Direct Contribution</p> <p>Candidate Name Jack Conway</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 4192266 <b>Date of Disbursement</b> 03 / 07 / 2011</p> <p><b>Amount of Each Disbursement this Period</b> 1000.00</p> <p>Direct Contribution</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address PO Box 1330</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Steve Bullock, ATTORNEY GENERAL MT</p> <p>Candidate Name Steve Bullock</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5647970 <b>Date of Disbursement</b> 05 / 12 / 2011</p> <p><b>Amount of Each Disbursement this Period</b> 300.00</p> <p>Steve Bullock, ATTORNEY GENERAL MT</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address PO Box 1330</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Steve Bullock, ATTORNEY GENERAL MT</p> <p>Candidate Name Steve Bullock</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 5647971 <b>Date of Disbursement</b> 05 / 12 / 2011</p> <p><b>Amount of Each Disbursement this Period</b> 300.00</p> <p>Steve Bullock, ATTORNEY GENERAL MT</p>

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1600.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<b>1600.00</b>

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 Comcast Corporation Political Action Committee- Federal

ADDRESS (number and street) 1701 JFK Blvd, 49th Floor Philadelphia PA 19103

2. FEC IDENTIFICATION NUMBER C00248716 3. IS THIS REPORT NEW (N) OR AMENDED (A) X

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (b) Monthly Report Due On: Feb 20, May 20, Aug 20, Nov 20, Mar 20, Jun 20, Sep 20, Dec 20, Apr 20, Jul 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 04 01 2011 through 04 30 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 Mr. William Dordelman

Signature of Treasurer Mr. William Dordelman [Electronically Filed] Date 12 14 2011

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)

Page 2

Write or Type Committee Name

**Comcast Corporation Political Action Committee- Federal**

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2011

To:

MM / DD / YYYY  
04 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">YYYYYY 2011</span>		<span style="border: 1px solid black; padding: 2px;">278349.19</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">351835.13</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">123070.27</span>	<span style="border: 1px solid black; padding: 2px;">641467.34</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	<span style="border: 1px solid black; padding: 2px;">474905.40</span>	<span style="border: 1px solid black; padding: 2px;">919816.53</span>
7. Total Disbursements (from Line 31) .....	<span style="border: 1px solid black; padding: 2px;">112438.43</span>	<span style="border: 1px solid black; padding: 2px;">557349.56</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<span style="border: 1px solid black; padding: 2px;">362466.97</span>	<span style="border: 1px solid black; padding: 2px;">362466.97</span>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	

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

**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 488 OF 490
	<input type="checkbox"/> 21b <input type="checkbox"/> 27	<input type="checkbox"/> 22 <input type="checkbox"/> 28a	<input type="checkbox"/> 23 <input type="checkbox"/> 28b	<input type="checkbox"/> 24 <input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 25 <input checked="" type="checkbox"/> 29	<input type="checkbox"/> 26 <input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**Comcast Corporation Political Action Committee- Federal**

Full Name (Last, First, Middle Initial) <b>A. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY 04 / 27 / 2011
Mailing Address P.O. Box 1330		<b>Transaction ID : BEEFFDE23FCFBB1F520</b>
City Helena	State MT	
Zip Code 59624	Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 600.00
Candidate Name	Category/Type 011	
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>B. Friends to Elect Mark Tuggle</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2011
Mailing Address 110 Calhoun Street Suite 202		<b>Transaction ID : EBBAE47508356557E07</b>
City Alexander City	State AL	
Zip Code 35010	Purpose of Disbursement 2010 General Debt Retirement	Amount of Each Disbursement this Period -250.00
Candidate Name	Category/Type 011	
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>C. Paul Bussman for State Senate</b>		Date of Disbursement MM / DD / YYYY 04 / 05 / 2011
Mailing Address 1625 Main Avenue, SW		<b>Transaction ID : 1593D45EB1A8B7E8496</b>
City Cullman	State AL	
Zip Code 35055	Purpose of Disbursement 2010 General Debt Retirement	Amount of Each Disbursement this Period -500.00
Candidate Name	Category/Type 011	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	-150.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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 Comcast Corporation Political Action Committee- Federal

ADDRESS (number and street) 1701 JFK Blvd, 49th Floor Philadelphia PA 19103

2. FEC IDENTIFICATION NUMBER C00248716 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 02 / 01 / 2012 through 02 / 29 / 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 Mr. William Dordelman

Signature of Treasurer Mr. William Dordelman [Electronically Filed] Date 03 / 20 / 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.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Comcast Corporation Political Action Committee- Federal**

Report Covering the Period: From:

MM / DD / YYYY  
02 / 01 / 2012

To:

MM / DD / YYYY  
02 / 29 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2012		439896.82
(b) Cash on Hand at Beginning of Reporting Period.....	538314.02	
(c) Total Receipts (from Line 19) .....	144502.43	333688.85
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	682816.45	773585.67
7. Total Disbursements (from Line 31) .....	173260.00	264029.22
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	509556.45	509556.45
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**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 130 OF 130
	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b	

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NAME OF COMMITTEE (In Full)  
**Comcast Corporation Political Action Committee- Federal**

Full Name (Last, First, Middle Initial)  
**A. Friends of Charles S Mainor**

Date of Disbursement  
MM / DD / YYYY  
02 / 09 / 2012

Mailing Address 45 Essex Street  
Suite 108, 1st Floor

City Hackensack State NJ Zip Code 07601

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : 9CBC4AB2EFB773DAF88

Amount of Each Disbursement this Period  
250.00

Category/Type  
011

Full Name (Last, First, Middle Initial)  
**B. Friends of Steve Bullock**

Date of Disbursement  
MM / DD / YYYY  
02 / 14 / 2012

Mailing Address P.O. Box 1330

City Helena State MT Zip Code 59624

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : 24DA5ACE023472DD806

Amount of Each Disbursement this Period  
630.00

Category/Type  
011

Full Name (Last, First, Middle Initial)  
**C. Friends of Steve Bullock**

Date of Disbursement  
MM / DD / YYYY  
02 / 14 / 2012

Mailing Address P.O. Box 1330

City Helena State MT Zip Code 59624

Purpose of Disbursement Nonfederal Contribution

Candidate Name

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Transaction ID : 8AFA9E087D7833E7FDA

Amount of Each Disbursement this Period  
30.00

Category/Type  
011

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	910.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2760.00

# FEC FORM 3X

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

Office Use Only

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

EchoStar Corporation and DISH Network Corporation PAC (EchoStar DISH Network PAC)

ADDRESS (number and street) 1110 Vermont NW, Suite 750

Check if different than previously reported. (ACC) WASHINGTON DC 20005

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00330647

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 Quarterly 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), Convention (12C), General (12G), Special (12S), Runoff (12R)

- (d) 30-Day Post -Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 09 01 2010 through 09 30 2010

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 Jeffrey Blum

Signature of Treasurer Electronically Filed by Jeffrey Blum Date 10 19 2010

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 grid and FEC FORM 3X (Rev. 12/2004)

A. Form/Schedule : **F3XN**  
Transaction ID :

The PAC has notified the Commission that it recently discovered certain clerical errors in prior reports. We expect to amend the record shortly, in consultation with Commission staff.

**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 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 checked="" 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)  
EchoStar Corporation and DISH Network Corporation PAC (EchoStar DISH Network PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Friends of Steve Bullock  Mailing Address PO Box 1330  City Helena State MT Zip Code 59624-1330  Purpose of Disbursement Non-Federal Political Contribution Candidate Name Steve Bullock  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D106306 Date of Disbursement 09 / 16 / 2010  Amount of Each Disbursement this Period 300.00  011 Category/ Type
<b>B.</b>	Full Name (Last, First, Middle Initial) Friends of Steve Bullock  Mailing Address PO Box 1330  City Helena State MT Zip Code 59624-1330  Purpose of Disbursement Non-Federal Political Contribution Candidate Name Steve Bullock  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D106307 Date of Disbursement 09 / 16 / 2010  Amount of Each Disbursement this Period 300.00  011 Category/ Type
<b>C.</b>	Full Name (Last, First, Middle Initial) Roy Cooper for Attorney General  Mailing Address PO Box 10587  City Raleigh State NC Zip Code 27605-0587  Purpose of Disbursement Non-Federal Political Contribution Candidate Name  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ State: District:	Transaction ID: D106452 Date of Disbursement 09 / 16 / 2010  Amount of Each Disbursement this Period 4000.00  011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) .....	4600.00
TOTAL This Period (last page this line number only) .....	4600.00



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

EchoStar Corporation and DISH Network Corporation PAC (EchoStar DISH Network PAC)

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">131642.78</td></tr></table>	131642.78
Y	Y	Y	Y									
2	0	1	1									
131642.78												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">131642.78</td></tr></table>	131642.78										
131642.78												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">101242.28</td></tr></table>	101242.28	<table border="1" style="width: 100%;"><tr><td align="right">101242.28</td></tr></table>	101242.28								
101242.28												
101242.28												
(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="width: 100%;"><tr><td align="right">232885.06</td></tr></table>	232885.06	<table border="1" style="width: 100%;"><tr><td align="right">232885.06</td></tr></table>	232885.06								
232885.06												
232885.06												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">126250.00</td></tr></table>	126250.00	<table border="1" style="width: 100%;"><tr><td align="right">126250.00</td></tr></table>	126250.00								
126250.00												
126250.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">106635.06</td></tr></table>	106635.06	<table border="1" style="width: 100%;"><tr><td align="right">106635.06</td></tr></table>	106635.06								
106635.06												
106635.06												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">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

**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 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 checked="" 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)  
EchoStar Corporation and DISH Network Corporation PAC (EchoStar DISH Network PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock  Mailing Address PO Box 1330  City Helena State MT Zip Code 59624-1330  Purpose of Disbursement Non-federal contribution  Candidate Name Steve Bullock  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:	Transaction ID: D118311 Date of Disbursement 04 / 20 / 2011
	Amount of Each Disbursement this Period 600.00
	Category/ Type
	State: District:
<b>B.</b> Full Name (Last, First, Middle Initial) Jack Conway for Attorney General  Mailing Address PO Box 4041  City Frankfort State KY Zip Code 40604-4041  Purpose of Disbursement Non-federal contribution  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:	Transaction ID: D118315 Date of Disbursement 06 / 15 / 2011
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	State: District:
<b>C.</b> Full Name (Last, First, Middle Initial) Jack Conway for Attorney General  Mailing Address PO Box 4041  City Frankfort State KY Zip Code 40604-4041  Purpose of Disbursement Non-federal contribution  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:	Transaction ID: D118305 Date of Disbursement 03 / 21 / 2011
	Amount of Each Disbursement this Period 500.00
	Category/ Type
	State: District:

SUBTOTAL of Disbursements This Page (optional) ..... ▶	1600.00
TOTAL This Period (last page this line number only) ..... ▶	[ ]



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
PFIZER INC. PAC

Report Covering the Period: From: 

M	M
0	3

D	D
0	1

Y	Y	W	Y
2	0	0	9

 To: 

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		496353.32
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	613072.74									
(c) Total Receipts (from Line 19) .....	100516.42	307025.84								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	713589.16	803379.16								
7. Total Disbursements (from Line 31) .....	96831.00	186621.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	616758.16	616758.16								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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



FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines PFIZER INC. PAC

ADDRESS (number and street) 235 EAST 42ND STREET Check if different than previously reported. (ACC) NEW YORK NY 10017

2. FEC IDENTIFICATION NUMBER C00016683 3. IS THIS REPORT X NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year Report, Termination Report (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 (12G) (d) 30-Day Post-Election Report for the: General (30G), Runoff (30R), Special (30S)

5. Covering Period 05 01 2011 through 05 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 Mr. Joseph Gruber

Signature of Treasurer Electronically Filed by Mr. Joseph Gruber Date 06 16 2011

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 table with 10 columns and 1 row, followed by FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
PFIZER INC. PAC

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		545325.78
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	514115.17									
(c) Total Receipts (from Line 19) .....	108403.60	531942.99								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	622518.77	1077268.77								
7. Total Disbursements (from Line 31) .....	78600.00	533350.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	543918.77	543918.77								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

# 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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
PFIZER INC. PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address P.O. Box 1330</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: C367-48FE-8D42-7065D Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Warren Kampf</p> <p>Mailing Address 14 Calvert Circle</p> <p>City Philadelphia State PA Zip Code 19301</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: 85D8-4AB8-B7B8-A6C71 Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 200.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Kolb for Assembly</p> <p>Mailing Address P.O. Box 835</p> <p>City CANANDAIGUA State NY Zip Code 14424</p> <p>Purpose of Disbursement Nonfederal Contribution</p> <p>Candidate Name</p> <p>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:</p>	<p>Transaction ID: 214E-4B90-8C8B-414EF Date of Disbursement 05 / 23 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>1000.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	

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. PFIZER INC. PAC 12FE4M5

ADDRESS (number and street) 235 EAST 42ND STREET Check if different than previously reported. (ACC) NEW YORK NY 10017

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00016683 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special Election on: M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period 05 / 01 / 2012 through 05 / 31 / 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 Mr. Joseph Gruber

Signature of Treasurer Mr. Joseph Gruber [Electronically Filed] Date 06 / 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 table with 8 columns and 1 row. FEC FORM 3X Rev. 12/2004

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**PFIZER INC. PAC**

Report Covering the Period:

From:

MM / DD / YYYY  
05 / 01 / 2012

To:

MM / DD / YYYY  
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">YYYYYY 2012</span>		<span style="border: 1px solid black; padding: 2px;">459161.18</span>
(b) Cash on Hand at Beginning of Reporting Period.....	<span style="border: 1px solid black; padding: 2px;">434186.99</span>	
(c) Total Receipts (from Line 19) .....	<span style="border: 1px solid black; padding: 2px;">110277.92</span>	<span style="border: 1px solid black; padding: 2px;">558573.73</span>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<span style="border: 1px solid black; padding: 2px;">544464.91</span>	<span style="border: 1px solid black; padding: 2px;">1017734.91</span>
7. Total Disbursements (from Line 31).....	<span style="border: 1px solid black; padding: 2px;">142463.72</span>	<span style="border: 1px solid black; padding: 2px;">615733.72</span>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<span style="border: 1px solid black; padding: 2px;">402001.19</span>	<span style="border: 1px solid black; padding: 2px;">402001.19</span>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....	<span style="border: 1px solid black; padding: 2px;">0.00</span>	



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

**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 354 OF 384
	<input 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 checked="" 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)  
**PFIZER INC. PAC**

Full Name (Last, First, Middle Initial) <b>A. Friends of Shannon Jones</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address 800 Valley View Point		Transaction ID : <b>2CB0-451D-8FA4-1ACF2</b>
City Springboro	State OH	
Purpose of Disbursement Nonfederal Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 600.00
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:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address P.O. Box 1330		Transaction ID : <b>47C7-4546-8960-EFF8A</b>
City Helena	State MT	
Purpose of Disbursement Nonfederal Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 320.00
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:		

Full Name (Last, First, Middle Initial) <b>C. Friends of Terry Moulton</b>		Date of Disbursement MM / DD / YYYY 05 / 24 / 2012
Mailing Address 2863 South Prairie View Rd.		Transaction ID : <b>BABD-4519-9EB8-D2014</b>
City Chippewa Falls	State WI	
Purpose of Disbursement Nonfederal Contribution	<input type="checkbox"/> 011	Amount of Each Disbursement this Period 1000.00
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1920.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Rent-A-Center, Inc. Good Government Political Action Committee**

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2012

To:

MM / DD / YYYY  
06 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		60249.12
(b) Cash on Hand at Beginning of Reporting Period.....	68382.28	
(c) Total Receipts (from Line 19) .....	28864.76	60497.92
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	97247.04	120747.04
7. Total Disbursements (from Line 31) .....	50160.00	73660.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	47087.04	47087.04
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**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 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 checked="" 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)  
**Rent-A-Center, Inc. Good Government Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. (Vicki) Truitt for District 98</b>		Date of Disbursement MM / DD / YYYY <b>05 / 09 / 2012</b>
Mailing Address P.O. Box 886		<b>Transaction ID : SB29.12752</b>
City <b>Keller</b>	State <b>TX</b>	
Purpose of Disbursement <b>PAC Contribution to Texas House Candidate</b>	Zip Code <b>76244</b>	Amount of Each Disbursement this Period <b>1000.00</b>
Candidate Name	Category/ Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY <b>04 / 13 / 2012</b>
Mailing Address P.O. Box 1330		<b>Transaction ID : SB29.12740</b>
City <b>Helena</b>	State <b>MT</b>	
Purpose of Disbursement <b>PAC Contribution</b>	Zip Code <b>59601</b>	Amount of Each Disbursement this Period <b>660.00</b>
Candidate Name	Category/ Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. Ken Paxton Campaign</b>		Date of Disbursement MM / DD / YYYY <b>05 / 10 / 2012</b>
Mailing Address 5613 S. Woodcreek Circle		<b>Transaction ID : SB29.12758</b>
City <b>McKinney</b>	State <b>TX</b>	
Purpose of Disbursement <b>PAC Contribution to Texas Candidate</b>	Zip Code <b>75071</b>	Amount of Each Disbursement this Period <b>1000.00</b>
Candidate Name	Category/ Type <b>011</b>	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>2660.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Rent-A-Center, Inc. Good Government Political Action Committee

ADDRESS (number and street) 5501 Headquarters Drive

Check if different than previously reported. (ACC) Plano TX 75024

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00410324

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 Quarterly 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 (12G) |                                       |

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 01 01 2011 through 06 30 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 Dwight Dumler

Signature of Treasurer Electronically Filed by Dwight Dumler Date 07 28 2011

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  
Rent-A-Center, Inc. Good Government Political Action Committee

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date										
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1	<table border="1"><tr><td> </td></tr></table>		<table border="1"><tr><td>28772.14</td></tr></table>	28772.14
Y	Y	Y	Y									
2	0	1	1									
28772.14												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1"><tr><td>28772.14</td></tr></table>	28772.14										
28772.14												
(c) Total Receipts (from Line 19) .....	<table border="1"><tr><td>53690.93</td></tr></table>	53690.93	<table border="1"><tr><td>53690.93</td></tr></table>	53690.93								
53690.93												
53690.93												
(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"><tr><td>82463.07</td></tr></table>	82463.07	<table border="1"><tr><td>82463.07</td></tr></table>	82463.07								
82463.07												
82463.07												
7. Total Disbursements (from Line 31) .....	<table border="1"><tr><td>40423.65</td></tr></table>	40423.65	<table border="1"><tr><td>40423.65</td></tr></table>	40423.65								
40423.65												
40423.65												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1"><tr><td>42039.42</td></tr></table>	42039.42	<table border="1"><tr><td>42039.42</td></tr></table>	42039.42								
42039.42												
42039.42												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1"><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

**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 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 checked="" 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)  
Rent-A-Center, Inc. Good Government Political Action Committee

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) Election Fund of Raymond Lesniak</p> <p>Mailing Address 212 West State Street</p> <p>City Trenton State NJ Zip Code 08608</p> <p>Purpose of Disbursement PAC Contribution to NJ State Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.10881</p> <p>Date of Disbursement 04 / 08 / 2011</p> <p>Amount of Each Disbursement this Period 2000.00</p> <p>011 Category/ Type</p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address P.O. Box 1330</p> <p>City Helena State MT Zip Code 59601</p> <p>Purpose of Disbursement PAC Contribution to MT Attorney General Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.10897</p> <p>Date of Disbursement 06 / 28 / 2011</p> <p>Amount of Each Disbursement this Period 600.00</p> <p>011 Category/ Type</p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) James Nowlin Campaign</p> <p>Mailing Address P.O. Box 191106</p> <p>City Dallas State TX Zip Code 75219</p> <p>Purpose of Disbursement PAC Contribution to Dallas City Council Candidate</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: SB29.10850</p> <p>Date of Disbursement 02 / 22 / 2011</p> <p>Amount of Each Disbursement this Period 500.00</p> <p>011 Category/ Type</p>

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

3100.00

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

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) USE FEC MAILING LABEL OR TYPE OR PRINT Example: If typing, type over the lines GlaxoSmithKline LLC PAC

ADDRESS (number and street) Five Moore Drive P.O. Box 13358 Research Triangle NC 27709

2. FEC IDENTIFICATION NUMBER C00199703 3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 12 01 2009 through 12 31 2009

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 David Miller

Signature of Treasurer Electronically Filed by David Miller Date 01 25 2010

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 table with 8 columns and 1 row. FEC FORM 3X (Rev. 12/2004)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
GlaxoSmithKline LLC PAC

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%;"><tr><td> </td></tr></table>		<table border="1" style="width: 100%;"><tr><td align="right">109672.56</td></tr></table>	109672.56
Y	Y	Y	Y									
2	0	0	9									
109672.56												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td align="right">190099.07</td></tr></table>	190099.07										
190099.07												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td align="right">63367.57</td></tr></table>	63367.57	<table border="1" style="width: 100%;"><tr><td align="right">860126.06</td></tr></table>	860126.06								
63367.57												
860126.06												
(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="width: 100%;"><tr><td align="right">253466.64</td></tr></table>	253466.64	<table border="1" style="width: 100%;"><tr><td align="right">969798.62</td></tr></table>	969798.62								
253466.64												
969798.62												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td align="right">114277.53</td></tr></table>	114277.53	<table border="1" style="width: 100%;"><tr><td align="right">830609.51</td></tr></table>	830609.51								
114277.53												
830609.51												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td align="right">139189.11</td></tr></table>	139189.11	<table border="1" style="width: 100%;"><tr><td align="right">139189.11</td></tr></table>	139189.11								
139189.11												
139189.11												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td align="right">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



**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
GlaxoSmithKline LLC PAC

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address PO Box 1330</p> <p>City Helena State MT Zip Code 59601</p> <p>Purpose of Disbursement G-2010 State Att. General MT</p> <p>Candidate Name Steve Bullock</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B297979 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 310.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Stenehjem for Attorney General</p> <p>Mailing Address 1216 Crestview Lane</p> <p>City Bismarck State ND Zip Code 58501</p> <p>Purpose of Disbursement P-2010 State Att. General ND</p> <p>Candidate Name Wayne K. Stenehjem</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B298887 Date of Disbursement 12 / 15 / 2009</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Scott Bruun for State Rep</p> <p>Mailing Address 1980 Willamette Falls Dr. 230-160</p> <p>City West Linn State OR Zip Code 97069</p> <p>Purpose of Disbursement P-2010 State House 37 OR</p> <p>Candidate Name Scott Bruun</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B294619 Date of Disbursement 12 / 04 / 2009</p> <p>Amount of Each Disbursement this Period -500.00</p> <p>011 Category/ Type</p> <p>Voided: Original check dated 10/22/2009</p>

<p><b>SUBTOTAL</b> of Disbursements This Page (optional) .....</p>	<p>810.00</p>
<p><b>TOTAL</b> This Period (last page this line number only) .....</p>	



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name  
GlaxoSmithKline LLC PAC (GSK PAC)

Report Covering the Period: From: 

M	M
0	8

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	8

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		105297.79
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	32710.32									
(c) Total Receipts (from Line 19) .....	44074.26	379307.47								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	76784.58	484605.26								
7. Total Disbursements (from Line 31) .....	35107.19	442927.87								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	41677.39	41677.39								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

# 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 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 checked="" 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)  
GlaxoSmithKline LLC PAC (GSK PAC)

<b>A.</b> Full Name (Last, First, Middle Initial) Friends of Rob Garagiola  Mailing Address 1200 Light Street Unit B  City Baltimore State MD Zip Code 21230  Purpose of Disbursement State Senate Contribution  Candidate Name Robert Garagiola  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MD District:  Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D47617 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1  <b>Amount of Each Disbursement this Period</b> 250.00	
	<b>B.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock  Mailing Address PO Box 1330  City Helena State MT Zip Code 59601  Purpose of Disbursement Attorney General contribution  Candidate Name Steve Bullock  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District:  Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D46108 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 0 1 / 2 0 1 1  <b>Amount of Each Disbursement this Period</b> 300.00
	<b>C.</b> Full Name (Last, First, Middle Initial) Friends of Tate Reeves  Mailing Address PO Box 24355  City Jackson State MS Zip Code 39225  Purpose of Disbursement Lt. Governor  Candidate Name Tate Reeves  Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MS District:  Disbursement For: 2011 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> D57309 <b>Date of Disbursement</b> M M / D D / Y Y Y Y 0 8 / 1 7 / 2 0 1 1  <b>Amount of Each Disbursement this Period</b> 750.00

<b>SUBTOTAL</b> of Disbursements This Page (optional) .....	<b>1300.00</b>
<b>TOTAL</b> This Period (last page this line number only) .....	



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

**GlaxoSmithKline LLC PAC (GSK PAC)**

Report Covering the Period: From:

MM / DD / YYYY  
05 / 01 / 2012

To:

MM / DD / YYYY  
05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <span style="border: 1px solid black; padding: 2px;">2012</span>		71434.77
(b) Cash on Hand at Beginning of Reporting Period.....	115147.33	
(c) Total Receipts (from Line 19) .....	45568.36	236545.23
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	160715.69	307980.00
7. Total Disbursements (from Line 31) .....	111953.27	259217.58
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	48762.42	48762.42
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**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 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 checked="" 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)

**GlaxoSmithKline LLC PAC (GSK PAC)**

Full Name (Last, First, Middle Initial)

**A. Friends of Scott Petri**

Mailing Address P.O. Box 1306

City State Zip Code  
Newtown PA 18940

Purpose of Disbursement  
PA-178 State House

Candidate Name

**Scott Petri**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: PA District: 17

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			02			2012			

**Transaction ID : D81220**

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Friends of Steve Bullock**

Mailing Address PO Box 1330

City State Zip Code  
Helena MT 59601

Purpose of Disbursement  
MT Governor

Candidate Name

**Steve Bullock**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: MT District:

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			30			2012			

**Transaction ID : D81592**

Amount of Each Disbursement this Period

630.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of T.W. Shannon 2012**

Mailing Address 504 SW 83rd

City State Zip Code  
Lawton OK 73505

Purpose of Disbursement  
OK-62 State House

Candidate Name

**T.W. Shannon**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OK District: 62

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
05			02			2012			

**Transaction ID : D81195**

Amount of Each Disbursement this Period

500.00
--------

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

1630.00

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

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

ADDRESS (number and street) 100 Endo Boulevard Chadds Ford PA 19317

2. FEC IDENTIFICATION NUMBER CITY STATE ZIPCODE

C00452052

3. IS THIS REPORT NEW OR AMENDED

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day Post-Election Report for the: General, Runoff, Special

5. Covering Period 05 01 2011 through 05 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 Joseph Rosenthal

Signature of Treasurer Electronically Filed by Joseph Rosenthal Date 06 16 2011

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  
Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

Report Covering the Period: From: 

M	M
0	5

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To: 

M	M
0	5

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		59402.20
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period .....	64414.84									
(c) Total Receipts (from Line 19) .....	13496.66	55044.30								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	77911.50	114446.50								
7. Total Disbursements (from Line 31) .....	6100.00	42635.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	71811.50	71811.50								
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00									
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	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

**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 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 checked="" 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)  
Endo Pharmaceuticals Inc Political Action Committee (ENDO PAC)

<p><b>A.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address PO Box 1330</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution - MT Attorney General</p> <p>Candidate Name Steve Bullock</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D376 Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p><b>B.</b> Full Name (Last, First, Middle Initial) Friends of Steve Bullock</p> <p>Mailing Address PO Box 1330</p> <p>City Helena State MT Zip Code 59624</p> <p>Purpose of Disbursement Contribution - MT Attorney General</p> <p>Candidate Name Steve Bullock</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D377 Date of Disbursement 05 / 10 / 2011</p> <p>Amount of Each Disbursement this Period 300.00</p> <p>011 Category/ Type</p>
<p><b>C.</b> Full Name (Last, First, Middle Initial) Team Burke</p> <p>Mailing Address 13958 Watkins Road</p> <p>City Marysville State OH Zip Code 43040</p> <p>Purpose of Disbursement Contribution - OH State Representative District 83</p> <p>Candidate Name David Burke</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p>Transaction ID: D380 Date of Disbursement 05 / 12 / 2011</p> <p>Amount of Each Disbursement this Period 1000.00</p> <p>011 Category/ Type</p>

SUBTOTAL of Disbursements This Page (optional) .....	1600.00
TOTAL This Period (last page this line number only) .....	1600.00

**THE STATE OF MONTANA  
 COMMISSIONER OF POLITICAL  
 PRACTICES**  
 1205 Eighth Avenue  
 Post Office Box 202401  
 Helena, MT 59620-2401  
 TELEPHONE: 406-444-2942  
 FAX NUMBER: 406-444-1643  
 WEBSITE: <http://politicalpractices.mt.gov>

**Receive Date:**  
**02/06/2012**

**Reporting Period**  
 11/23/2010 to 02/06/2012

**Committee Information**  
 Billings Fire Fighters Local 521 PAC  
 530 S. 27th  
 Billings, MT 59101

**Status**  
 Filed

**Cash Summary - Money received and spent**

1. Cash in bank		
Balance from previous report		\$0.00
2. Receipts		
Total received and deposited this period from Schedule A:		\$13,360.41
3. Corrections		
Addition or subtraction from Schedule D:		\$0.00
	<b>Subtotal:</b>	\$13,360.41
4. Expenditures		
Total paid out this period from Schedule B:		\$2,292.30
5. Cash in bank		
Ending balance this report:		\$11,068.11

**Schedule A**

**Receipts - This reporting period**

	In-Kind Description & Value	Cash or Check Amount	Total to Date Amount
1. Contributions less than \$35 each (Total)	\$0.00	\$535.00	\$0.00
2. Loans			
Creditor's full name/complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00
3. Interest, Rebates, Fundraisers, and Other			
Miscellaneous Receipts	Date	\$0.00	\$5,009.76
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Jan 30, 2011	\$0.00	\$0.34 Interest
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Jul 31, 2011	\$0.00	\$0.71 intrest

Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Jun 30, 2011	\$0.00	\$0.52 intrest	\$0.52
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Oct 31, 2011	\$0.00	\$0.96 intrest	\$0.96
MSFA PO Box 3383 Butte, MT 59701 UNITED STATES	Jul 18, 2011	\$0.00	\$5,000.00 rebate	\$5,000.00
Money in bank from previous report  UNITED STATES	Dec 30, 2010	\$0.00	\$1.90 Bank balance as of 12/30/2010	\$1.90
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	May 31, 2011	\$0.00	\$0.47 Interest	\$0.47
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Dec 30, 2011	\$0.00	\$1.03 Interest	\$1.03
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Mar 31, 2011	\$0.00	\$0.45 Interest	\$0.45
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Nov 30, 2011	\$0.00	\$1.02 Intrest	\$1.02
Rimrock Credit Union 952 Central Ave Billings, MT 59012 UNITED STATES	Aug 31, 2011	\$0.00	\$0.96 intrest	\$0.96
Rimrock Credit Union 952 Central Ave Billings, MT 59102 UNITED STATES	Apr 30, 2011	\$0.00	\$0.44 intrest	\$0.44

Rimrock Credit Union  
 952 Central Ave  
 Billings, MT 59102  
 UNITED STATES

Sep 30, 2011 \$0.00 \$0.96  
 intrest \$0.96

**4. Political Action Committee Contributions**

Committee's full registered name and complete  
 mailing address REQUIRED

Date \$0.00 \$0.00

**5. Political Party Committee Contributions**

Full name and complete mailing address REQUIRED

Date \$0.00 \$0.00

**6. Incidental Committee Contributions**

Full name and complete mailing address REQUIRED

Date \$0.00 \$0.00

**7. Other Political Committee Contributions**

Full name and complete mailing address REQUIRED

Date \$0.00 \$1,904.98

Billings Firefighters Local 521 PAC  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Dec 30, 2010 \$0.00 \$1,904.98 \$1,904.98

**8. Individual Contributors of \$35 or more**

REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION

Full name, complete mailing address, occupation &  
 employer

Date \$0.00 \$5,910.67

Joseph Sands  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jun 30, 2011 \$0.00 \$802.09 \$802.09

Jason Bainfield  
 530 S 27th Street  
 Billings, MT 59102  
 UNITED STATES  
 Firefighter  
 City of Billings

Jan 30, 2012 \$0.00 \$108.42 \$108.42

Lee Wels  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jun 30, 2011 \$0.00 \$66.72 \$66.72

Levi Bogunovich  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jan 30, 2012 \$0.00 \$260.00 \$260.00

Lawrence Hart  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES

Jun 30, 2011 \$0.00 \$65.00 \$65.00

Committee Registration and Reporting - Commissioner of Political Practices

City of Billings Edward Regele 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$260.00	\$260.00
Matthew Hoppel 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$156.00	\$156.00
Robert Golubski 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$260.00	\$260.00
Douglas Koffler 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$108.42	\$108.42
Michael Spini 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$54.34	\$54.34
John Hallstone 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$50.16	\$50.16
Travis Norby 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$65.00	\$65.00
Cameron Abell 530 S 27th Street Billings, MT 59102 UNITED STATES Firefighter City of Billings	Jan 30, 2012	\$0.00	\$54.34	\$54.34
Drew Abrams 530 S 27th Street Billings, MT 59102 UNITED STATES Firefighter City of Billings	Jan 30, 2012	\$0.00	\$260.00	\$260.00
Bryan Mamayek 530 S 27th Street Billings, MT 59101 UNITED STATES	Jun 30, 2011	\$0.00	\$54.34	\$54.34

Firefighter City of Billings  Thomas Selleck 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$130.00	\$130.00
Briana Sands 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$54.34	\$54.34
Craig Riske 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$54.34	\$54.34
Andrew McLain 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$39.00	\$39.00
Andrew Ellis 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jan 30, 2011	\$0.00	\$54.34	\$54.34
George Richards 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$216.84	\$216.84
David Gilbert 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$52.00	\$52.00
Matt Meeker 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$54.34	\$54.34
Mark Muretta 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$65.00	\$65.00
Kevin Bentz 530 S 27th Street Billings, MT 59101	Jan 30, 2012	\$0.00	\$108.42	\$108.42

UNITED STATES Firefighter City of Billings  Darrek Mitchell 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$65.00	\$65.00
John Ruddock 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$260.00	\$260.00
Robert Compson 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jan 30, 2012	\$0.00	\$78.00	\$78.00
Timothy McLeod 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$200.16	\$200.16
Timothy Stavnes 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$216.84	\$216.84
Perry McKinney 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$65.00	\$65.00
Phillip White 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$216.84	\$216.84
John Dillon 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jan 30, 2012	\$0.00	\$54.34	\$54.34
Brandon Fleury 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$54.34	\$54.34
Sean Biggins 530 S 27th Street				

Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jan 30, 2012	\$0.00	\$216.84	\$216.84
Daniel Cotrell 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jan 30, 2012	\$0.00	\$541.84	\$541.84
Michael Martin 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$216.84	\$216.84
Trevor Krieger 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$216.84	\$216.84
Trone Morgan 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 30, 2011	\$0.00	\$54.34	\$54.34

**TOTAL RECEIPTS THIS SECTION:** \$0.00 \$13,360.41

**Schedule B**

**Expenditures - This reporting period**

**1. Petty Cash Expenditures**

Total this period

\$0.00 \$100.00

**2. Expenditures**

\$0.00 \$1,092.30

Jakes West End  
2425 Gable Rd  
Billings, MT 59102

Committee Dinner

Dec 23, 2011

\$0.00 \$422.30

Becky Bird  
PO Box 1970  
Billings, MT 59102

Candidate endorsement  
city council

Oct 20, 2011

\$0.00 \$160.00

Montana Democratic Party/ MDLCC Veto  
retirement  
PO BOX 802  
Helena, MT 59624

Co Sponsor fundraiser Co-sponsor fundraiser

Oct 19, 2011

\$0.00 \$500.00

Rimrock Credit Union  
952 Central Ave  
Billings, MT 59102

Statement copies

Statement copies

May 11, 2011

\$0.00 \$10.00

**3. Independent expenditures**

\$0.00 \$1,100.00

Montana State Council of Professional  
Firefighters PAC  
1112 7th St. S STE 201  
Great Falls, MT 59405-4333

PAC to Pac donation

PAC to PAC donation

Dec 21, 2011

\$0.00 \$1,100.00

**4. Debt and Loan Payments**

\$0.00 \$0.00

**TOTAL EXPENDITURES THIS SECTION, INCLUDING PETTY CASH:**

**\$0.00    \$2,292.30**

**Schedule C**

**Debts and Loans not yet paid**

Full name and complete mailing address  
of each creditor REQUIRED

**PURPOSE**

**DATE  
INCURRED**

**BALANCE DUE**

**PRIMARY    GENERAL**

**Schedule D**

**Corrections**

**Originally reported on**

**DATE**

**SCHEDULE**

**AS ORIGINALLY REPORTED**

**EXPLAIN CORRECTION**

THE STATE OF MONTANA  
 COMMISSIONER OF POLITICAL  
 PRACTICES  
 1205 Eighth Avenue  
 Post Office Box 202401  
 Helena, MT 59620-2401  
 TELEPHONE: 406-444-2942  
 FAX NUMBER: 406-444-1643  
 WEBSITE: <http://politicalpractices.mt.gov>

Receive Date:  
 06/24/2012

**Reporting Period**  
 02/07/2012 to 06/24/2012

**Committee Information**  
 Billings Fire Fighters Local 521 PAC  
 530 S. 27th  
 Billings, MT 59101

**Status**  
 Filed

**Cash Summary - Money received and spent**

1. Cash in bank	
Balance from previous report	\$11068.11
2. Receipts	
Total received and deposited this period from Schedule A:	\$2,382.79
3. Corrections	
Addition or subtraction from Schedule D:	\$0.00
	<b>Subtotal:</b>
	\$13,450.90
4. Expenditures	
Total paid out this period from Schedule B:	\$2,556.00
5. Cash in bank	
Ending balance this report:	\$10,894.90

**Schedule A**

Receipts - This reporting period

	In-Kind Description & Value	Cash or Check Amount	Total to Date Amount
1. Contributions less than \$35 each (Total)	\$0.00	\$18.90	\$0.00
2. Loans			
Creditor's full name/complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00
3. Interest, Rebates, Fundraisers, and Other Miscellaneous Receipts	Date	\$0.00	\$0.00
4. Political Action Committee Contributions			
Committee's full registered name and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00
5. Political Party Committee Contributions			
Full name and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00
6. Incidental Committee Contributions			
Full name and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00
7. Other Political Committee Contributions			

Full name and complete mailing address REQUIRED      Date      \$0.00      \$0.00

**8. Individual Contributors of \$35 or more**

REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION

Full name, complete mailing address, occupation & employer      Date      \$0.00      \$2,363.89

Phillip White

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Captain/Firefighter  
City of Billings

Jun 15, 2012

\$0.00

\$75.00

\$291.84

Todd Kinkead

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Firefighter/Engineer  
City of Billings

Jun 15, 2012

\$0.00

\$9.45

\$36.75

Lawrence Hart

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Captain/Firefighter  
City of Billings

Jun 15, 2012

\$0.00

\$22.50

\$87.50

Daniel Cotrell

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Firefighter  
City of Billings

Jun 15, 2012

\$0.00

\$187.56

\$729.40

Joseph Sands

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Firefighter/Engineer  
City of Billings

Jun 15, 2012

\$0.00

\$281.25

\$1,083.34

Gregory Roper

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Firefighter  
City of Billings

Jun 15, 2012

\$0.00

\$9.45

\$36.75

Mark Muretta

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Captain/Firefighter  
City of Billings

Jun 15, 2012

\$0.00

\$22.50

\$87.50

Sean Biggins

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Firefighter  
City of Billings

Jun 15, 2012

\$0.00

\$75.00

\$291.84

Edward Regele

530 S 27th Street  
Billings, MT 59101  
UNITED STATES  
Battalion Chief  
City of Billings

Jun 15, 2012

\$0.00

\$90.00

\$350.00

Brian McDermott 530 S 27th Street Billings, MT 59101 UNITED STATES Captain/Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Matthew Hoppel 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/ Engineer City of Billings	Jun 15, 2012	\$0.00	\$246.00	\$402.00
Matt Meeker 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$18.83	\$73.17
Andrew McLain 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$13.50	\$52.50
Bryan Mamayek 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$18.81	\$73.15
Drew Abrams 530 S 27th Street Billings, MT 59102 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$90.00	\$350.00
Darrek Mitchell 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$22.50	\$87.50
Thomas Selleck 530 S 27th Street Billings, MT 59101 UNITED STATES Captain/Firefighter City of Billings	Jun 15, 2012	\$0.00	\$30.00	\$160.00
Christopher Voller 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Jason Banfield 320 S 275th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$37.50	\$37.50

Marcus Evenson 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Briana Sands 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$18.81	\$73.15
Mitchell Erdmann 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Chasen Little 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Timothy Stavnes 530 S 27th Street Billings, MT 59101 UNITED STATES Captain/Firefighter City of Billings	Jun 15, 2012	\$0.00	\$75.00	\$291.84
Corey Trehella 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Kevin Johnson 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Robert Compson 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$27.00	\$105.00
Kevin Bentz 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$75.00	\$183.42
Douglas Koffler 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$37.53	\$145.95

Wayne Fischer 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$12.60	\$39.90
Ryan Moore 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Craig Riske 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$18.81	\$73.15
Brian Cornelusen 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.00	\$35.00
Trone Morgan 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$18.81	\$73.15
Cameron Abell 530 S 27th Street Billings, MT 59102 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$18.80	\$73.14
John Ruddock 530 S 27th Street Billings, MT 59101 UNITED STATES Training Officer City of Billings	Jun 15, 2012	\$0.00	\$90.00	\$350.00
Levi Bogunovich 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billing	Jun 15, 2012	\$0.00	\$90.00	\$350.00
Robert Golubski 530 S 27th Street Billings, MT 59101 UNITED STATES Captain/Firefighter City of Billings	Jun 15, 2012	\$0.00	\$90.00	\$350.00
John Dillon 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$18.81	\$73.15

Michael Martin 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$75.00	\$291.84
Adam Tipton 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Perry McKinney 530 S 27th Street Billings, MT 59101 UNITED STATES Captain/Firefighter City of Billings	Jun 15, 2012	\$0.00	\$22.50	\$87.50
Alan Lohof 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Trevor Krieger 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter/Engineer City of Billings	Jun 15, 2012	\$0.00	\$75.00	\$291.84
Christopher Moore 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Lee Wels 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$37.53	\$104.25
David Gilbert 530 S 27th Street Billings, MT 59101 UNITED STATES Battalion Chief City of Billings	Jun 15, 2012	\$0.00	\$18.00	\$70.00
Jeffery McCullough 530 S 27th Street Billings, MT 59101 UNITED STATES Deputy Fire Marshal City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75
Christopher Lowe 530 S 27th Street Billings, MT 59101 UNITED STATES Firefighter City of Billings	Jun 15, 2012	\$0.00	\$9.45	\$36.75

Barry O'Donnell  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Captain/Firefighter  
 City of Billings

Jun 15, 2012 \$0.00 \$9.00 \$35.00

Brandon Feury  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jun 15, 2012 \$0.00 \$18.81 \$73.15

Travis Norby  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jun 15, 2012 \$0.00 \$22.50 \$87.50

Michael Spini  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Fire Marshal  
 City of Billings

Jun 15, 2012 \$0.00 \$18.81 \$73.15

George Richards  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jun 15, 2012 \$0.00 \$75.06 \$291.90

Andrew Ellis  
 530 S 27th Street  
 Billings, MT 59101  
 UNITED STATES  
 Firefighter  
 City of Billings

Jun 15, 2012 \$0.00 \$18.81 \$73.15

**TOTAL RECEIPTS THIS SECTION: \$0.00 \$2,382.79**

**Schedule B**

Expenditures - This reporting period

PURPOSE CANDIDATE/ISSUE DATE AMOUNT  
 PRIMARY GENERAL

**1. Petty Cash Expenditures**

Total this period \$0.00 \$0.00

**2. Expenditures**

\$1,643.00 \$820.00

Yellowstone County Democrats Truman Dinner Sponsorship for Firefighters Apr 21, 2012 \$500.00 \$0.00

Uberbrew 410 Montana Ave Billings, MT 59101 Candidate lunch Jun 20, 2012 \$30.00 \$0.00

Bennet for House Missoula, MT Candidate endorsement Jun 11, 2012 \$160.00 \$0.00

Steenberg for HD 95 Missoula, MT Candidate endorsement Jun 1, 2012 \$0.00 \$160.00

Friends of Bullock Sponsorship fundraiser Steve Bullock Mar 20, 2012 \$500.00 \$0.00

Apr 11, 2012 \$160.00 \$0.00

Bozeman, MT 59758	for Office				
Seizemore for State Rep LD 47 Kent, WA	Candidate endorsement for Wa House of Represent	Jun 11, 2012	\$0.00	\$500.00	
Angry Hanks Brewery 219 1st Ave North Billings, MT 59101	Provide beer to MDLCC fundraiser	May 2, 2012	\$43.00	\$0.00	
MDLCC	Sponsorship of fundraiser	Apr 28, 2012	\$250.00	\$0.00	
McValley for HD 49 Billings, MT 59102	Candidate endorsement	Apr 13, 2012	\$0.00	\$160.00	
<b>3. Independent expenditures</b>			<b>\$93.00</b>	<b>\$0.00</b>	
Sam & Louies Billings, MT 59102	Food	Canvasser food after lit drop for Laslovich	Jun 3, 2012	\$93.00	\$0.00
<b>4. Debt and Loan Payments</b>			<b>\$0.00</b>	<b>\$0.00</b>	
<b>TOTAL EXPENDITURES THIS SECTION, INCLUDING PETTY CASH:</b>			<b>\$1,736.00</b>	<b>\$820.00</b>	

**Schedule C**

**Debts and Loans not yet paid**

Full name and complete mailing address  
of each creditor REQUIRED

**PURPOSE**

**DATE  
INCURRED**

**BALANCE DUE**

**PRIMARY GENERAL**

**Schedule D**

**Corrections**

Originally reported on

**DATE**

**SCHEDULE**

**AS ORIGINALLY REPORTED**

**EXPLAIN CORRECTION**



**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 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 checked="" 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)  
**Glacier PAC**

Full Name (Last, First, Middle Initial)

**A. Beaverhead County Democrats**

Mailing Address P. O. Box 1311

City State Zip Code  
Dillon MT 59725

Purpose of Disbursement  
Contribution-state

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
03 / 27 / 2012

Transaction ID : D498759

Amount of Each Disbursement this Period

500.00
--------

Full Name (Last, First, Middle Initial)

**B. Denise Juneau for State Superintendent**

Mailing Address PO Box 223

City State Zip Code  
Helena MT 59624

Purpose of Disbursement  
Contribution -state

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
03 / 21 / 2012

Transaction ID : D498754

Amount of Each Disbursement this Period

310.00
--------

Full Name (Last, First, Middle Initial)

**C. Friends of Steve Bullock**

Mailing Address PO Box 1330

City State Zip Code  
Helena MT 59624

Purpose of Disbursement  
Contribution -state

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
03 / 09 / 2012

Transaction ID : D498775

Amount of Each Disbursement this Period

630.00
--------

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

1440.00

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

THE STATE OF MONTANA  
 COMMISSIONER OF POLITICAL PRACTICES  
 1208 Eighth Avenue  
 Post Office Box 202401  
 Helena, MT 59624-2401  
 TELEPHONE: 406-444-2942  
 FAX NUMBER: 406-444-1643  
 WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

**FOR OFFICE USE ONLY**  
 Date Received and Postmark Date

RECEIVED  
 COMMISSIONER OF  
 POLITICAL PRACTICES

2012 MAY 22 A 11: 28

HAND DELIVERED

**FORM C-6** (Revised 08/03)  
**POLITICAL COMMITTEE FINANCIAL REPORT**

<input type="checkbox"/> ORIGINAL FILING	<input type="checkbox"/> AMENDED FILING
--	---

TYPE OR PRINT ALL INFORMATION ON THIS FORM EXCEPT FOR CERTIFICATION SIGNATURE

<b>MEA-MFT COPE</b>	
FULL REGISTERED NAME OF COMMITTEE	
1232 East Sixth Avenue	Helena, MT 59601
COMPLETE MAILING ADDRESS	
<i>(Include City, State, Zip Code)</i>	

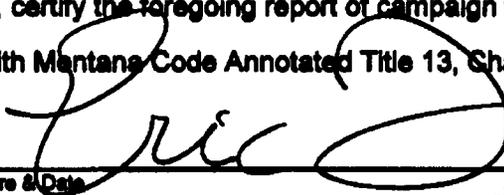
<b>REPORTING PERIOD</b>
From January 1, 2011
To May 19, 2012

<input type="checkbox"/>	Initial Report
<input checked="" type="checkbox"/>	Periodic Report
<input type="checkbox"/>	Closing Report
<input type="checkbox"/>	No transactions in this period

<b>CASH SUMMARY: MONEY RECEIVED AND SPENT</b>	
1. CASH IN BANK – Balance from previous report .....	\$22,409.23
2. RECEIPTS – Total received and deposited this period Schedule A .....	\$21,338.18
3. CORRECTIONS – Addition or subtraction from Schedule D .....	(Circle one: + or -)
Subtotal .....	\$43,747.41
4. EXPENDITURES – Total paid out this period from Schedule B .....	— \$23,500.00
5. CASH IN BANK – Ending balance this report .....	\$20,247.41

**CERTIFICATION**

I, Eric Feaver, President, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, Chapter 37.

Signature & Date:  5/22/12

**NOTE:** Report **MUST BE SIGNED** by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

**TYPE OR PRINT CLEARLY IN INK**

SCHEDULE A Receipts - This Reporting Period				In-Kind Description	In-Kind Value	Cash/Check Amount	Total to Date Amount
1. Contributions Less than \$36 each (Total)						\$16,890.47	\$16,890.47
2. Loans		Occupation & Employer REQUIRED	Loan Date Required				
Creditor's full name/complete Mailing address REQUIRED							
Name:							
Address:		Occupation					
City, State, Zip:		Employer					
Name:							
Address:		Occupation					
City, State, Zip:		Employer					
Name:							
Address:		Occupation					
City, State, Zip:		Employer					
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)			Date Required				

**TOTAL RECEIPTS THIS PAGE**

\$16,890.47

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**TYPE OR PRINT CLEARLY IN INK**

**C-6 (page 3)**

<b>SCHEDULE A.</b> <b>Receipts - This Reporting Period</b> (continued)		<b>In-Kind</b> <b>Description      Amount</b>	<b>Cash or Check</b> <b>Amount</b>	<b>Total to Date</b> <b>Amount</b>
<b>4. Political Action Committee Contributions. Committee's full registered name and complete mailing address REQUIRED</b>	<b>Date Rec Required</b>			
Registered Name: Address: City, State, Zip:				
Registered Name: Address: City, State, Zip:				
Registered Name: Address: City, State, Zip:				
Registered Name: Address: City, State, Zip:				
Registered Name: Address: City, State, Zip:				
<b>TOTAL RECEIPTS THIS PAGE</b>		<b>\$0.00</b>		

**IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED**

**TYPE OR PRINT CLEARLY IN INK**

**C-6 (page 4)**

<b>SCHEDULE A.</b> <b>Receipts - This Reporting Period</b> (continued)	<b>Date Received</b>	<b>In-Kind</b> <b>Description Value</b>		<b>Cash or Check</b> <b>Amount</b>	<b>Total to Date</b> <b>Amount</b>
<b>6. Political Party Committee Contributions</b> Full name and complete mailing address <b>REQUIRED</b>	<b>Date Required</b>				
Name: Address: City, State, Zip:					
Name: Address: City, State, Zip:					
Name: Address: City, State, Zip:					
<b>8. Incidental Committee Contributions.</b> Full name and complete mailing address <b>REQUIRED.</b>	<b>Date Required</b>				
Name: Address: City, State, Zip:					
Name: Address: City, State, Zip:					
<b>7. Other Political Committee Contributions.</b> Full name and complete mailing address <b>REQUIRED.</b>	<b>Date Required</b>				
Name: Address: City, State, Zip:					

**TOTAL RECEIPTS THIS PAGE**

**\$0.00**

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-6 (page 5)

<b>SCHEDULE A. Receipts - This Reporting Period (continued)</b>				
<b>8. Individual Contributions of \$38 or More</b>		<b>In Kind</b>	<b>Cash/Check</b>	<b>Total to Date</b>
<b>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</b>		<b>Description</b>	<b>Value</b>	<b>Amount</b>
<b>REQUIRED: Full name, complete mailing address, occupation &amp; employer</b>				
<b>Name:</b>	SEE ATTACHED	<b>Occupation:</b>		
<b>Address:</b>	EXCEL LIST	<b>Employer:</b>		
<b>City, State, Zip:</b>				\$4,447.71
<b>Name:</b>		<b>Occupation:</b>		
<b>Address:</b>		<b>Employer:</b>		
<b>City, State, Zip:</b>				
<b>Name:</b>		<b>Occupation:</b>		
<b>Address:</b>		<b>Employer:</b>		
<b>City, State, Zip:</b>				
<b>Name:</b>		<b>Occupation:</b>		
<b>Address:</b>		<b>Employer:</b>		
<b>City, State, Zip:</b>				
<b>Name:</b>		<b>Occupation:</b>		
<b>Address:</b>		<b>Employer:</b>		
<b>City, State, Zip:</b>				
<b>Name:</b>		<b>Occupation:</b>		
<b>Address:</b>		<b>Employer:</b>		
<b>City, State, Zip:</b>				

**TOTAL RECEIPTS THIS PAGE**

\$4,447.71

**TOTAL RECEIPTS THIS REPORTING PERIOD**

Include ALL of Schedule A (Sections 1-8) in this total

\$21,338.18

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

Last Nm	First Nm	Address Line 2	City	Zip	Employer	Position	Total COPE
CARLSON	DAVID	2003 PATRICIA LN	BILLINGS	59102-2849	BILLINGS ELEM	Classroom Teacher	\$38.32
BRISTOW	SUSAN	75 BAR J R RD	HELENA	59802-9346	HELENA ELEM	Classroom Teacher	\$35.72
BRUDERER	CAROL	8785 SILVER FOX CT	HELENA	59802-8730	HELENA ELEM	Classroom Teacher	\$35.72
CLEARY	KEVIN	715 BRECKENRIDGE ST	HELENA	59801-4355	HELENA ELEM	Classroom Teacher	\$35.72
LYNCH	LINDA	916 MIDDLEMAS RD	HELENA	59802-7540	HELENA ELEM	Librarian/Media Spclst	\$35.72
OBRIAN	MARY	701 ASPEN ST	HELENA	59801-0303	HELENA ELEM	Classroom Teacher	\$35.72
PHILLIPS	PAUL	415 12TH AVE	HELENA	59801-3789	HELENA H S	Classroom Teacher	\$35.72
PILCHER	TAMMY	136 WEDGEWOOD LN	HELENA	59801-0171	HELENA ELEM	Educator	\$35.72
RUMLEY	WANDA	312 N CALIFORNIA ST	HELENA	59801-4985	HELENA ELEM	Classroom Teacher	\$35.72
THENNIS	LESLEE	3875 KIKI DR	HELENA	59802-7314	HELENA ELEM	Classroom Teacher	\$35.72
MCCULLOCH	LINDA	1621 BROADWAY	HELENA	59801-0000	RETIRED	Retired	\$100.00
NICHOLLS	LISA	3798 REED BUTTE RD	STEVENSVILLE	59870-8347	LONE ROCK ELEM	Classroom Teacher	\$45.00
FUREY	SUSANNE	280 HELLGATE DR	MISSOULA	59802-8739	MISSOULA H S	Classroom Teacher	\$50.81
FISCHER	JOSEPH	2021 BELLEAUWOOD LN	MISSOULA	59808-8574	MISSOULA H S	Classroom Teacher	\$66.34
FLEMING	JOHN	55633 MCKEEVER RD	SAINT IGNATIUS	59885-9331	ST IGNATIUS SCHOOLS (K-12)	Educator	\$54.00
HOWELL	WILLIAM	3040 CORNELIUS RD	RONAN	59884-9208	MEA-MFT	NW2 Field Consultant	\$43.05
FEAVER	ERIC	901 FLOWERREE ST	HELENA	59801-8015	MEA-MFT	President	\$319.84
FERRO	MARCO	24 REEDERS VILLAGE DR	HELENA	59801-9684	MEA-MFT	Public Policy Director	\$50.70
MINOW	TERRY	502 LOWER VALLEY RD	BOULDER	59832-9718	MEA-MFT	Political Director	\$50.70
RUKAVINA	JERRY	511 13TH AVE S	GREAT FALLS	59405-4315	MEA-MFT	NC1 Field Consultant	\$63.45
FLADMO	DIANE	8 REEDERS VILLAGE DR	HELENA	59801-9684	MEA-MFT	Research Director	\$401.53
BURKE	ERIK	6330 BLACKFOOT DR	HELENA	59802-8515	MEA-MFT	Executive Director	\$110.00
CASE	MELISSA	PO BOX 2018	HELENA	59824-2018	MEA-MFT	Organizing Director	\$110.00
SMITH BURRESON	MELODEE	540 FORD ST	MISSOULA	59801-4245	TARGET RANGE ELEM	Classroom Teacher	\$60.80
BECKER	THERESA	20 COUNTRY CLUB LANE	THOMPSON FALLS	59873	DPHHS	Office Worker	\$40.00
BILDEN	RAMONA	617 STREVAL AVENUE	MILES CITY	59301	JEFFERSON SCHOOL	Classroom Teacher	\$100.00
COX	GARTH	514 CLAFFEY DRIVE	POLSON	59860	RETIRED	Retired	\$50.00
ECKELS	STEVE	711 PENNSYLVANIA AVENUE	DEER LODGE	59722	MT STATE PRISON	Prison Worker	\$75.00
GARBER	MARK	4422 5TH AVENUE SOUTH	GREAT FALLS	59405	CENTERVILLE HIGH SCHOOL	Classroom Teacher	\$38.00
GARNER	JOSEPHINE	2120 TIPPERARY WAY	MISSOULA	59806	PAXON SCHOOL	Secretary	\$103.00
HAVERLANDT	KELLY	9 PARK AVENUE	WHITEFISH	59937	WHITEFISH H S	Classroom Teacher	\$42.00
JENSEN	ROBERT	1545 SOUTH 5TH STREET W	MISSOULA	59801	HELLGATE H S	Classroom Teacher	\$50.00
MAME	PATRICIA	4275 SCOTT ALLEN DRIVE	MISSOULA	59803	RUSSELL SCHOOL	Classroom Teacher	\$50.00
HOLMES	PATTY	369 CAROL DRIVE	GREAT FALLS	59405	RETIRED	Retired	\$622.00
PARKER	CHERYL	2312 43RD STREET	MISSOULA	59803	DPHHS	Office Worker	\$304.69
PORTE	SANNA	127 JEFFERSON	HELENA	59801	MEA-MFT	Public Relations Dir	\$120.00
RYAN	MARILYN	2407 56HT STREET	MISSOULA	59803	RETIRED	Retired	\$62.00
STEIBER	DEDE	410 WEST DIVISION STREET	HARDIN	59034	HARDIN PRIMARY SCHOOL	Classroom Teacher	\$35.00
STRACHAN	JANE	PO BOX 113	POPLAR	59255	POPLAR ELEMENTARY	Classroom Teacher	\$302.00
SUCKOW	CHARLENE	2700 STAGECOACH AVENUE	GREAT FALLS	59404	RETIRED	Retired	\$40.00
TODD	JULIA	6917 SIESTA DRIVE	MISSOULA	59802	RETIRED	Retired	\$50.00
UNGER	KAY	345 CORNELL	MISSOULA	59801	U OF M, MISSOULA	Professor	\$100.00
WILLIS	DEBORAH	612 BEVERLY HILLS BLVD	BILLINGS	59102	RETIRED	Retired	\$380.00

JAN 1 - MAY 19, 2012

SCHEDULE A - INDIVIDUAL CONTRIBUTIONS OF \$35 OR MORE

\$4,447.71

TYPE OR PRINT CLEARLY IN INK

C-6 (page 6)

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
<b>1. PETTY CASH Expenditures (Total This Period)</b>				
<b>2. Expenditures</b> Full name and complete mailing address of each payee REQUIRED				
Name: Denise Juneau for Superintendent Address: PO Box 223 City, State, Zip: Helena, MT 59624	Contribution	01/26/12	\$310.00	
Name: Elizabeth Best for Supreme Court Address: PO Box 264 City, State, Zip: Cascade, MT 59421	Contribution	01/26/12	\$310.00	
Name: Linda McCulloch Sec of State Address: PO Box 352 City, State, Zip: Helena, Mt 59624	Contribution	01/26/12	\$310.00	
Name: MDLCC Address: PO Box 802 City, State, Zip: Helena, Mt 59624	Contribution	02/29/12	\$15,000.00	
Name: MDLCC Address: PO Box 802 City, State, Zip: Helena, Mt 59624	Contribution	4/27/2012	\$500.00	
Name: Monica Lindeen for State Auditor Address: PO Box 1307 City, State, Zip: Helena, MT 59624	Contribution	1/26/82012	\$310.00	
<b>TOTAL EXPENDITURES THIS PAGE -INCLUDING PETTY CASH</b>			\$16,740.00	\$0.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> <small>Include all Schedule B (Sec 1, 2, &amp; 3)</small>			\$23,500.00	\$0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

C-8 (page 6-2)

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (Total This Period)				
2. Expenditures Full name and complete mailing address of each payee REQUIRED				
Name: Montana Democratic Party Address: PO Box 802 City, State, Zip: Helena, MT 59624	Mansfield Metcaff Dinner	02/02/12	\$5,000.00	
Name: Steve Bullock for Governor Address: PO Box 1330 City, State, Zip: Helena, MT 59624	Contribution	01/26/12	\$1,260.00	
Name: Yellowstone County Democrats Address: PO Box 21131 City, State, Zip: Billings, MT 59104	Contribution	04/17/12	\$500.00	
Name: Address: City, State, Zip:				
Name: Address: City, State, Zip:				
Name: Address: City, State, Zip:				
<b>TOTAL EXPENDITURES THIS PAGE -INCLUDING PETTY CASH</b>			<b>\$6,760.00</b>	<b>\$0.00</b>

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**SCHEDULE C. Debts and Loans Not Yet Paid**

Full name and complete mailing address of each creditor REQUIRED	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				
_____ Name _____ Address _____ City, State, Zip Code				

**SCHEDULE D. Utilize this section to report corrections to receipts, contributions, and expenditures reported on a prior report.**

Originally Reported on DATE	AMOUNT	As Originally Reported	Explain Correction

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

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

Holcim (US) Inc. PAC

ADDRESS (number and street) 201 Jones Road

Check if different than previously reported. (ACC)

Waltham MA 02451

2. **FEC IDENTIFICATION NUMBER** C00213348

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 Quarterly 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) (Non-Election Year Only)
- Dec 20 (M12) (Non-Election Year Only)
- Jan 31 (YE)

(c) 12-Day **PRE-Election** Report for the:

- Primary (12P)
- Convention (12C)
- General (12G)
- Special (12G)
- Runoff (12R)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

(d) 30-Day **Post -Election** Report for the:

- General (30G)
- Runoff (30R)
- Special (30S)

Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 01 01 2009 through 06 30 2009

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 Peter Deem

Signature of Treasurer Electronically Filed by Peter Deem Date 07 15 2009

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  
Holcim (US) Inc. PAC

Report Covering the Period: From: 

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	9

	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>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9	<table border="1" style="width: 100%;"><tr><td>35527.06</td></tr></table>	35527.06	<table border="1" style="width: 100%;"><tr><td>35527.06</td></tr></table>	35527.06
Y	Y	Y	Y									
2	0	0	9									
35527.06												
35527.06												
(b) Cash on Hand at Beginning of Reporting Period .....	<table border="1" style="width: 100%;"><tr><td>35527.06</td></tr></table>	35527.06										
35527.06												
(c) Total Receipts (from Line 19) .....	<table border="1" style="width: 100%;"><tr><td>29556.43</td></tr></table>	29556.43	<table border="1" style="width: 100%;"><tr><td>29556.43</td></tr></table>	29556.43								
29556.43												
29556.43												
(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="width: 100%;"><tr><td>65083.49</td></tr></table>	65083.49	<table border="1" style="width: 100%;"><tr><td>65083.49</td></tr></table>	65083.49								
65083.49												
65083.49												
7. Total Disbursements (from Line 31) .....	<table border="1" style="width: 100%;"><tr><td>25370.00</td></tr></table>	25370.00	<table border="1" style="width: 100%;"><tr><td>25370.00</td></tr></table>	25370.00								
25370.00												
25370.00												
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table border="1" style="width: 100%;"><tr><td>39713.49</td></tr></table>	39713.49	<table border="1" style="width: 100%;"><tr><td>39713.49</td></tr></table>	39713.49								
39713.49												
39713.49												
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><tr><td>0.00</td></tr></table>	0.00										
0.00												
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	<table border="1" style="width: 100%;"><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

**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 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 checked="" 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)  
Holcim (US) Inc. PAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Steve Bullock for Attorney General	Transaction ID: 90715.E334 Date of Disbursement																				
	Mailing Address PO Box 1330	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	9													
	City Helena State MT Zip Code 59624-1330	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"><tr><td>310.00</td></tr></table>	310.00																			
310.00																						
	Candidate Name	Category/Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																					
<b>B.</b>	Full Name (Last, First, Middle Initial) Steve Bullock for Attorney General	Transaction ID: 90715.E335 Date of Disbursement																				
	Mailing Address PO Box 1330	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>3</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		3	0		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	3		3	0		2	0	0	9													
	City Helena State MT Zip Code 59624-1330	Amount of Each Disbursement this Period																				
	Purpose of Disbursement DIRECT CONTRIBUTION	<table border="1"><tr><td>310.00</td></tr></table>	310.00																			
310.00																						
	Candidate Name	Category/Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																					
<b>C.</b>	Full Name (Last, First, Middle Initial) Texans for Joe Straus	Transaction ID: 90715.E347 Date of Disbursement																				
	Mailing Address 7373 Broadway St Ste 202-A	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>6</td><td></td><td>1</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	6		2	0	0	9
M	M	/	D	D	/	Y	Y	Y	Y													
0	6		1	6		2	0	0	9													
	City San Antonio State TX Zip Code 78209-3265	Amount of Each Disbursement this Period																				
	Purpose of Disbursement VOIDED CHECK	<table border="1"><tr><td>-2500.00</td></tr></table>	-2500.00																			
-2500.00																						
	Candidate Name	Category/Type																				
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																				
	State: District:																					
<b>SUBTOTAL</b> of Disbursements This Page (optional) .....		<table border="1"><tr><td>-1880.00</td></tr></table>	-1880.00																			
-1880.00																						
<b>TOTAL</b> This Period (last page this line number only) .....		<table border="1"><tr><td></td></tr></table>																				



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**The Home Depot Inc. Political Action Committee**

Report Covering the Period:

From:

MM / DD / YYYY  
11 / 01 / 2011

To:

MM / DD / YYYY  
11 / 30 / 2011

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2011"/>		1368504.62
(b) Cash on Hand at Beginning of Reporting Period.....	1607200.52	
(c) Total Receipts (from Line 19) .....	124496.24	1190112.33
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1731696.76	2558616.95
7. Total Disbursements (from Line 31) .....	133284.01	960204.20
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1598412.75	1598412.75
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	



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

**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 1083 OF 1087
	<input 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 checked="" 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)  
**The Home Depot Inc. Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Charlie Geren Campaign</b>		Date of Disbursement MM / DD / YYYY 11 / 30 / 2011
Mailing Address P.O. Box 1440		<b>Transaction ID : 6B32CCADBFB2CCA8508</b>
City Fort Worth	State TX	
Zip Code 76101	Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 250.00
Candidate Name	Category/ Type 011	
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>B. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2011
Mailing Address Post Office Box 1330		<b>Transaction ID : 47DF390E61DC2F7EB98</b>
City Helena	State MT	
Zip Code 59624	Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 630.00
Candidate Name	Category/ Type 011	
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>C. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY 11 / 02 / 2011
Mailing Address Post Office Box 1330		<b>Transaction ID : 786AF7E1AA43A08D0</b>
City Helena	State MT	
Zip Code 59624	Purpose of Disbursement Nonfederal Contribution	Amount of Each Disbursement this Period 630.00
Candidate Name	Category/ Type 011	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1510.00
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Progressives United Political Action Committee**

Report Covering the Period: From:

MM / DD / YYYY  
04 / 01 / 2012

To:

MM / DD / YYYY  
04 / 30 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>		1390214.36
(b) Cash on Hand at Beginning of Reporting Period.....	1195461.19	
(c) Total Receipts (from Line 19) .....	215034.21	580163.08
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	1410495.40	1970377.44
7. Total Disbursements (from Line 31) .....	127844.37	687726.41
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	1282651.03	1282651.03
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	

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

**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 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 checked="" 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)  
**Progressives United Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Friends of Steve Bullock</b>		Date of Disbursement MM / DD / YYYY <b>04 / 23 / 2012</b>
Mailing Address PO Box 1330		Transaction ID : <b>D440976</b>
City Helena	State MT	
Zip Code 59624-1330		Amount of Each Disbursement this Period <b>1260.00</b>
Purpose of Disbursement Contribution to Non-Federal Candidate		
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:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Transaction ID : <b>D440976</b>
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
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:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY
Mailing Address		Transaction ID : <b>D440976</b>
City	State	
Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	<b>1260.00</b>
<b>TOTAL</b> This Period (last page this line number only).....▶	<b>1260.00</b>

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
1205 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

FOR OFFICE USE ONLY  
Date Received and Postmark Date

RECEIVED  
COMMISSIONER OF  
POLITICAL PRACTICES  
2012 MAY 22 A 9 23

POSTMARKED

MAY 2 2012

**FORM C-6** (Revised 04/08)  
**POLITICAL COMMITTEE FINANCE REPORT**

ORIGINAL FILING

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

MPEA - EMPLOYEES POLITICAL INFORMATION COMMITTEE

FULL REGISTERED NAME OF COMMITTEE

P O BOX 5600, HELENA, MT 59604-5600

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From JAN 01, 2012

To MAY 19, 2012

- Initial Report
- Periodic Report
- Closing Report
- No transactions in period

**CASH SUMMARY: MONEY RECEIVED AND SPENT**

1. CASH IN BANK - Balance from previous report.....	\$ 19,233.04
2. RECEIPTS - Total received and deposited this period from Schedule A.....	\$ 5,072.45
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -)	\$ 0.00
<b>Subtotal .....</b>	<b>\$ 24,305.49</b>
4. EXPENDITURES - Total paid out this period from Schedule B.....	- \$ 9,525.00
5. CASH IN BANK - Ending balance this report.....	\$ 14,780.49

**CERTIFICATION**

I, Thomas E. Schneider, Treasurer, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 13, chapter 37.

Thomas Schneider  
Signature

**NOTE:** Report **MUST BE SIGNED** by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts - This Reporting Period			In-Kind		Cash or Check Amount	Total to Date Amount
			Description	Value		
1. Contributions Less Than \$35 Each (Total)			-	0.00	5,072.39	5,072.39
2. Loans Creditor's full name / complete Mailing address <b>REQUIRED</b>	Occupation & Employer <b>REQUIRED</b>	Loan Date <i>Required</i>				
NONE				0.00	0.00	0.00
Name _____	Occupation _____					
Address _____	Employer _____					
City, State, Zip Code _____						
Name _____	Occupation _____					
Address _____	Employer _____					
City, State, Zip Code _____						
Name _____	Occupation _____					
Address _____	Employer _____					
City, State, Zip Code _____						
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date <i>Required</i>				
INTEREST INCOME - VALLEY BANK, HELENA, MT		04/30/2012	-	0.00	.06	.06
<b>TOTAL RECEIPTS THIS PAGE</b>				0.00	5,072.45	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**TYPE OR PRINT CLEARLY IN INK**

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period</b> (continued)		<b>In-Kind</b>		<b>Cash or Check</b> <b>Amount</b>	<b>Total to Date</b> <b>Amount</b>
		<b>Description</b>	<b>Value</b>		
<b>4. Political Action Committee Contributions</b> Committee's <u>full registered name</u> and complete mailing address <b>REQUIRED</b>	<b>Date</b> <b>Received</b> <i>Required</i>				
<b>NONE</b> _____ Registered Name _____ Address _____ City, State, Zip Code	-	-	0.00	0.00	0.00
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
_____ Registered Name _____ Address _____ City, State, Zip Code					
<b>TOTAL RECEIPTS THIS PAGE</b>			0.00	0.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**TYPE OR PRINT CLEARLY IN INK**

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period (continued)</b>	<b>Date Received</b>	<b>Description</b>	<b>In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	0.00
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	0.00
<b>TOTAL RECEIPTS THIS PAGE</b>			<b>0.00</b>	<b>0.00</b>	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

**TYPE OR PRINT CLEARLY IN INK**

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period</b> (continued)		<b>In-Kind</b> Description                      Value		<b>Cash or Check</b> Amount	<b>Total to Date</b> Amount
<b>8. Corporate Contributions (PAC's &amp; Ballot Issues Only)</b> Full name and mailing address <b>REQUIRED</b> for <i>Independent Expenditures Only</i>	<b>Date</b> Received <i>Required</i>				
NONE Name _____ Address _____ City, State, Zip Code _____			0.00	0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL RECEIPTS THIS PAGE</b>			0.00	0.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

**SCHEDULE A. Receipts – This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**

**REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION  
**REQUIRED:** Full name, complete mailing address, occupation & employer

		In-Kind		Cash or Check Amount	Total to Date Amount
		Description	Value		
<b>NONE</b>					
Name _____	Occupation _____	-	0.00	0.00	0.00
Address _____	Employer _____				
City, State, Zip Code _____					
Name _____	Occupation _____				
Address _____	Employer _____				
City, State, Zip Code _____					
Name _____	Occupation _____				
Address _____	Employer _____				
City, State, Zip Code _____					
Name _____	Occupation _____				
Address _____	Employer _____				
City, State, Zip Code _____					

**TOTAL RECEIPTS THIS PAGE**

0.00      0.00

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
**Include ALL of Schedule A (Sections 1 – 9) in this total**

0.00      5,072.45

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)			0.00	0.00
2. All Other Expenditures Full name and complete mailing address of each payee <b>REQUIRED</b>				
G Dean Reed Name P O Box 5026 Address Helena, MT 59604 City, State, Zip Code	Accounting Accounting Accounting Accounting Accounting	01/01/2012 02/01/2012 03/01/2012 04/01/2012 05/01/2012	745.00 320.00 320.00 320.00 320.00	0.00 0.00 0.00 0.00 0.00
Montana Secretary of State Name P O 202802 Address Helena, MT 59620 City, State, Zip Code	Annual Corp Registration Fee	02/13/2012	15.00	0.00
Montana Democratic Party Name P O Box 802 Address Helena, MT 59624 City, State, Zip Code	Sponsor - Mansfield-Metcalf Celebration Sponsor - 2012 Convention	02/01/2012 03/15/2012	5,000.00 1,000.00	0.00 0.00
Montana Republican Party Name P O Box 935 Address Helena, MT 59624 City, State, Zip Code	Sponsor - Winter Kickoff 2012	02/01/2012	275.00	0.00
Big Sky Central Labor Council COPE Fund Name P O Box 466 Address Helena, MT 59624 City, State, Zip Code	Cope Fund Donation	04/04/2012	100.00	0.00
<b>TOTAL EXPENDITURES THIS PAGE-INCLUDING PETTY CASH</b>			8,415.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
<b>1. PETTY CASH Expenditures (TOTAL THIS PERIOD)</b>				
<b>2. All Other Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>				
Friends of Steve Bullock for Governor <hr/> Name P O Box 1330 <hr/> Address Helena, MT 59624 <hr/> City, State, Zip Code	Governor	04/05/2012	630.00	0.00
Cliff Larsen for SD 50 <hr/> Name 8925 Lavelle Creek Road <hr/> Address Missoula, MT 59808 <hr/> City, State, Zip Code	SD 50	04/05/2012	160.00	0.00
Malek for Senate District 48 <hr/> Name 1400 Prairie Way <hr/> Address Missoula, MT 59802 <hr/> City, State, Zip Code	SD 48	03/01/2012	160.00	0.00
Joe Sands for HD 53 <hr/> Name P O Box 80521 <hr/> Address Billings, MT 59102 <hr/> City, State, Zip Code	HD 53	01/16/2012	160.00	0.00
<hr/> Name <hr/> Address <hr/> City, State, Zip Code				
<b>TOTAL EXPENDITURES THIS PAGE—INCLUDING PETTY CASH</b>			1,110.00	0.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b>			9,525.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
<b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
NONE					
Name _____ Address _____ City, State, Zip Code _____				0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL EXPENDITURES THIS PAGE—INCLUDING PETTY CASH</b>				0.00	0.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> include all of Schedule B (Sections 1 - 3) in this total				9,525.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
<b>4. Corporate Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
NONE					
Name _____ Address _____ City, State, Zip Code _____	-	-	-	0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
				0.00	0.00
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>				0.00	0.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1 -4 In this total				9,525.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <i>REQUIRED</i>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
NONE				
Name	-	-	0.00	0.00
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				
Name				
Address				
City, State, Zip Code				

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report.</u>			
Originally Reported on SCHEDULE		As Originally Reported	Explain Correction
DATE			
-	-	N/A	N/A

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA

COMMISSIONER OF POLITICAL PRACTICES  
1206 Eighth Avenue  
Post Office Box 202401  
Helena, MT 59620-2401  
TELEPHONE: 406-444-2942  
FAX NUMBER: 406-444-1643  
WEBSITE: [www.politicalpractices.mt.gov](http://www.politicalpractices.mt.gov)

POSTMARKED

JUN 20 2012

FOR OFFICE USE ONLY  
Date Received and Postmark Date

RECEIVED  
COMMISSIONER OF  
POLITICAL PRACTICES  
2012 JUN 21 A 9:02

FORM C-6 (Revised 04/08)  
POLITICAL COMMITTEE FINANCE REPORT

ORIGINAL FILING

AMENDED FILING

TYPE OR PRINT IN INK ALL INFORMATION ON THIS FORM EXCEPT CERTIFICATION SIGNATURE

MPEA - EMPLOYEES POLITICAL INFORMATION COMMITTEE

FULL REGISTERED NAME OF COMMITTEE

P O BOX 5600, HELENA, MT 59604-5600

COMPLETE MAILING ADDRESS

(Include City, State, Zip Code)

REPORTING PERIOD

From MAY 20, 2012

To JUNE 20, 2012

Initial Report

Periodic Report

Closing Report

No transactions in period

CASH SUMMARY: MONEY RECEIVED AND SPENT

1. CASH IN BANK - Balance from previous report.....	\$ 14,780.49
2. RECEIPTS - Total received and deposited this period from Schedule A.....	\$ 1,282.78
3. CORRECTIONS - Addition or subtraction from Schedule D..... (Circle: + or -)	\$ 0.00
Subtotal .....	\$ 16,063.27
4. EXPENDITURES - Total paid out this period from Schedule B.....	\$ 820.00
5. CASH IN BANK - Ending balance this report.....	\$ 15,243.27

CERTIFICATION

I, Thomas E. Scheider, Treasurer, certify the foregoing report of campaign finances with all attachments is complete and correct to the best of my knowledge, in accordance with Montana Code Annotated Title 16, chapter 37.

*Thomas E. Scheider*  
Signature

NOTE: Report MUST BE SIGNED by an officer whose name is on the Statement of Organization form on file in the office of the Commissioner of Political Practices.

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts - This Reporting Period			In-Kind		Cash or Check Amount	Total to Date Amount
			Description	Value		
1. Contributions Less Than \$35 Each (Total)			-	0.00	1,282.77	6,355.16
2. Loans	Occupation & Employer <b>REQUIRED</b>	Loan Date <i>Required</i>				
NONE	Occupation	-	-	0.00	0.00	0.00
Name	Employer					
Address						
City, State, Zip Code						
Name	Occupation					
Address	Employer					
City, State, Zip Code						
Name	Occupation					
Address	Employer					
City, State, Zip Code						
3. Interest, Rebates, Refunds, Fundraisers, and Other Miscellaneous Receipts (Describe)		Date <i>Required</i>				
INTEREST INCOME - VALLEY BANK, HELENA, MT		05/31/2012	-	0.00	.01	.07
<b>TOTAL RECEIPTS THIS PAGE</b>				0.00	1,282.78	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE A. Receipts - This Reporting Period (continued)	Date Received <i>Required</i>	In-Kind		Cash or Check Amount	Total to Date Amount
		Description	Value		
4. Political Action Committee Contributions Committee's full registered name and complete mailing address <b>REQUIRED</b>					
NONE Registered Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	0.00
Registered Name _____ Address _____ City, State, Zip Code _____					
Registered Name _____ Address _____ City, State, Zip Code _____					
Registered Name _____ Address _____ City, State, Zip Code _____					
Registered Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL RECEIPTS THIS PAGE</b>			0.00	0.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

<b>SCHEDULE A.</b> <b>Receipts - This Reporting Period (continued)</b>	<b>Date Received</b>	<b>Description</b>	<b>In-Kind Value</b>	<b>Cash or Check Amount</b>	<b>Total to Date Amount</b>
<b>5. Political Party Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>6. Incidental Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	0.00
<b>7. Other Political Committee Contributions</b> Full name and complete mailing address <i>REQUIRED</i>	<b>Date Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____	-	-	0.00	0.00	
<b>TOTAL RECEIPTS THIS PAGE</b>			0.00	0.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

<b>SCHEDULE A.</b> <b>Receipts – This Reporting Period</b> (continued)		In-Kind		Cash or Check Amount	Total to Date Amount
		Description	Value		
<b>8. Corporate Contributions (PAC's &amp; Ballot Issues Only)</b> Full name and mailing address <b>REQUIRED</b> for <i>Independent Expenditures Only!</i>	<b>Date Received Required</b>				
NONE Name _____ Address _____ City, State, Zip Code _____			0.00	0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL RECEIPTS THIS PAGE</b>			0.00	0.00	

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

**SCHEDULE A. Receipts - This Reporting Period (continued)**

**9. Individual Contributors of \$35 or More**

**REQUIRED:** ONE NAME ONLY FOR EACH CONTRIBUTION  
**REQUIRED:** Full name, complete mailing address, occupation & employer

		In-Kind		Cash or Check Amount	Total to Date Amount
		Description	Value		
<b>NONE</b>					
Name _____	Occupation _____	-	0.00	0.00	0.00
Address _____	Employer _____				
City, State, Zip Code _____					
Name _____	Occupation _____				
Address _____	Employer _____				
City, State, Zip Code _____					
Name _____	Occupation _____				
Address _____	Employer _____				
City, State, Zip Code _____					
Name _____	Occupation _____				
Address _____	Employer _____				
City, State, Zip Code _____					

**TOTAL RECEIPTS THIS PAGE**

0.00      0.00

**TOTAL RECEIPTS THIS REPORTING PERIOD**  
 Include ALL of Schedule A (Sections 1 - 9) in this total

0.00      1,282.78

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures - This Reporting Period	Purpose	Date	Amount	
			PRIMARY	GENERAL
1. PETTY CASH Expenditures (TOTAL THIS PERIOD)			0.00	0.00
2. All Other Expenditures Full name and complete mailing address of each payee <b>REQUIRED</b>				
G DEAN REED Name P O BOX 5026 Address HELENA, MT 59604 City, State, Zip Code	ACCOUNTING	06/01/2012	320.00	0.00
FRIENDS OF STEVE BULLOCK FOR GOVERNOR Name P O BOX 1330 Address HELENA, MT 59624 City, State, Zip Code	GOVERNOR	05/25/2012	500.00	0.00
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
Name Address City, State, Zip Code				
<b>TOTAL EXPENDITURES THIS PAGE--INCLUDING PETTY CASH</b>			820.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
<b>3. Independent Expenditures</b> Full name and complete mailing address of each payee <u>REQUIRED</u>					
<b>NONE</b> Name _____ Address _____ City, State, Zip Code _____				0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL EXPENDITURES THIS PAGE—INCLUDING PETTY CASH</b>				0.00	0.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> <small>Include all of Schedule B (Sections 1 - 3) in this total</small>				820.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE B. Expenditures – This Reporting Period	Purpose	Candidate/ Issue	Date	Amount	
				PRIMARY	GENERAL
<b>4. Corporate Independent Expenditures</b> Full name and complete mailing address of each payee <b>REQUIRED</b>					
<b>NONE</b>					
Name _____ Address _____ City, State, Zip Code _____	-	-	-	0.00	0.00
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
Name _____ Address _____ City, State, Zip Code _____					
<b>TOTAL EXPENDITURES THIS PAGE—INCLUDING PETTY CASH</b>				0.00	0.00
<b>TOTAL EXPENDITURES THIS REPORTING PERIOD</b> Include all of Schedule B (Sections 1-4) In this total				820.00	0.00

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

TYPE OR PRINT CLEARLY IN INK

SCHEDULE C. Debts and Loans Not Yet Paid				
Full name and complete mailing address of each creditor <b>REQUIRED</b>	Purpose	Date Incurred	Balance Due	
			PRIMARY	GENERAL
<p><b>NONE</b></p> <p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p>	-	-	0.00	0.00
<p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p>				
<p>Name _____</p> <p>Address _____</p> <p>City, State, Zip Code _____</p>				

SCHEDULE D. Utilize this section to report <u>corrections</u> to receipts, contributions, and expenditures <u>reported on a prior report</u> .			
Originally Reported on DATE	Originally Reported on SCHEDULE	As Originally Reported	Explain Correction
-	-	N/A	N/A

IF ADDITIONAL PAGES ARE NEEDED, THIS FORM MAY BE REPRODUCED

THE STATE OF MONTANA  
 COMMISSIONER OF POLITICAL  
 PRACTICES  
 1295 Eighth Avenue  
 Post Office Box 202401  
 Helena, MT 59620-2401  
 TELEPHONE: 406-444-2942  
 FAX NUMBER: 406-444-1643  
 WEBSITE: <http://politicalpractices.mt.gov>

Receive Date:  
 06/19/2012

**Reporting Period**  
 02/01/2012 to 06/19/2012

**Committee Information**  
 Helena Education Assn. PAC for  
 Education  
 1232 E. 6th Ave.  
 Helena, MT 59601

**Status**  
 Filed

**Cash Summary - Money received and spent**

1. Cash in bank		
Balance from previous report		\$6440.24
2. Receipts		
Total received and deposited this period from Schedule A:		\$3,130.48
3. Corrections		
Addition or subtraction from Schedule D:		\$0.00
	<b>Subtotal:</b>	<b>\$9,570.72</b>
4. Expenditures		
Total paid out this period from Schedule B:		\$4,260.00
5. Cash in bank		
Ending balance this report:		\$5,310.72

**Schedule A**

Receipts - This reporting period

		In-Kind Description & Value	Cash or Check Amount	Total to Date Amount
1. Contributions less than \$35 each (Total)		\$0.00	\$0.00	\$0.00
2. Loans				
Creditor's full name/complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00	
3. Interest, Rebates, Fundraisers, and Other Miscellaneous Receipts	Date	\$0.00	\$0.28	
HEA Members				
UNITED STATES	Feb 20, 2012	\$0.00	\$0.06 Dividend PACE Income	\$0.06
HEA Members				
UNITED STATES	May 20, 2012	\$0.00	\$0.05 Interest income	\$0.05

HEA Members				
UNITED STATES	Mar 20, 2012	\$0.00	\$0.05 Dividend PACE Income	\$0.05
HEA Members				
UNITED STATES	Mar 27, 2012	\$0.00	\$0.08 Interest income	\$0.08
HEA Members				
UNITED STATES	Feb 2, 2012	\$0.00	\$0.04 Dividend PACE Income	\$0.04
<b>4. Political Action Committee Contributions</b>				
Committee's <u>full registered name</u> and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00	
<b>5. Political Party Committee Contributions</b>				
Full name and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00	
<b>6. Incidental Committee Contributions</b>				
Full name and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00	
<b>7. Other Political Committee Contributions</b>				
Full name and complete mailing address <u>REQUIRED</u>	Date	\$0.00	\$0.00	
<b>8. Individual Contributors of \$35 or more</b>				
<u>REQUIRED: ONE NAME ONLY FOR EACH CONTRIBUTION</u> Full name, complete mailing address, occupation & employer	Date	\$0.00	\$3,130.20	
HEA Members 1232 E. 6th ave. Helena, MT 59601-5960				
UNITED STATES educators Helena School District #1	Mar 6, 2012	\$0.00	\$521.70	\$521.70
HEA Members 1232 E. 6th ave. Helena, MT 59601				
UNITED STATES educators Helena School District #1	Jun 5, 2012	\$0.00	\$1,043.40	\$1,043.40
HEA Members 1232 E. 6th ave. Helena, MT 59601				
UNITED STATES educators Helena School District #1	May 15, 2012	\$0.00	\$521.70	\$521.70
HEA Members 1232 E. 6th ave. Helena, MT 59601-5960				
UNITED STATES educators Helena School District #1	Mar 27, 2012	\$0.00	\$521.70	\$521.70
HEA Members 1232 E. 6th ave. Helena, MT 59601				
UNITED STATES	Feb 2, 2012	\$0.00	\$521.70	\$521.70

UNITED STATES  
 educators  
 Helena School District #1

TOTAL RECEIPTS THIS SECTION: \$0.00 \$3,130.48

**Schedule B**

Expenditures - This reporting period

PURPOSE	CANDIDATE/ISSUE	DATE	AMOUNT	
			PRIMARY	GENERAL
<b>1. Petty Cash Expenditures</b>				
Total this period			\$0.00	\$0.00
<b>2. Expenditures</b>				
			\$3,000.00	\$0.00
Big Sky Central Labor Council PO 466 Helena, MT 59627	Transfer of political money	Apr 19, 2012	\$1,500.00	\$0.00
Supporters of Helena Public Schools PO 1164 Helena, MT 59624	Help pay expenses of mill levy support	Apr 19, 2012	\$1,500.00	\$0.00
<b>3. Independent expenditures</b>				
			\$1,260.00	\$0.00
Friends of Steve Bullock P.O. Box 1330 Helena, MT 59624	A political contribution to Steve Bullock	Steve Bullock May 18, 2012	\$1,260.00	\$0.00
<b>4. Debt and Loan Payments</b>				
			\$0.00	\$0.00
TOTAL EXPENDITURES THIS SECTION, INCLUDING PETTY CASH:			\$4,260.00	\$0.00

**Schedule C**

Debts and Loans not yet paid  
 Full name and complete mailing address  
 of each creditor REQUIRED

PURPOSE	DATE INCURRED	BALANCE DUE	
		PRIMARY	GENERAL

**Schedule D**

Corrections

Originally reported on

DATE	SCHEDULE	AS ORIGINALLY REPORTED	EXPLAIN CORRECTION
------	----------	------------------------	--------------------

**Federal PAC NC Disclosure Report Cover**

Amendment  
 Yes  No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.  
 You must amend the Federal PAC Statement of Organization (CRO-4000) to make those kinds of committee changes.  
 Use the Addendum form (CRO-4110) if additional information needs to be provided.

<b>1. Committee Information</b>	
a. Full Name Lowe's Companies, Inc. PAC	c. NC ID Number 9000002
b. Mailing Address (include City, State and Zip Code) Attn: Cindy Reins - NB3TR 1000 Lowe's Boulevard Mooresville, NC 28117	d. Date Filed 01/18/2012
	e. Phone Number (704) 758-2330

2. Report Year 2011	3. Period Start Date (mm/dd/yyyy) 07/01/2011	4. Period End Date (mm/dd/yyyy) 12/31/2011	5. Total Amount Given to NC Committees \$ 4,000.00
------------------------	---	---	---

6. Type of Report (check one) Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth Semi-annual <input type="checkbox"/> Mid Year <input checked="" type="checkbox"/> Year End <input type="checkbox"/> Special	8. Treasurer Full Name (this should appear as listed on the Statement of Organization [CRO-4000]) Cindy M. Reins
7. Special Report Name (if applicable)	9. Assistant Treasurer Full Name (list the assistant that is a NC resident, if it is not the treasurer)

<b>10. Account Information</b>		<b>10. Account Information</b>	
a. Financial Institution Full Name Wachovia	b. Purpose Receipts and political contributions	a. Financial Institution Full Name	b. Purpose
c. Code	c. Code	c. Code	c. Code
d. Period Begin Balance \$ 353,666.77	e. Period End Balance \$ 477,194.42	d. Period Begin Balance \$	e. Period End Balance \$

**CERTIFICATION**  
 I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

Cindy M. Reins      Cindy M. Reins      1/18/12  
 Printed Name of Signer      Signature of Appointed Treasurer      Date

**FOR OFFICE USE ONLY**

Date Received: <u>1/23/12</u>	Employee: <u>[Signature]</u>	<b>Delivery Method</b> <input type="checkbox"/> Normal Mail <input type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: <u>1/20/12</u>	Employee: <u>[Signature]</u>	
Date Scanned: _____	Employee: _____	

**Federal PAC Report of Contributions to NC  
Political Committees**

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. NC ID Number</b>	
Lowe's Companies, Inc. PAC		9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	
Committee to Elect Thom Tillis P.O. Box 32186 Charlotte, NC 28232		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
<b>d. Office/District</b>		<b>f. Election Cycle Sum to Date</b>	
		\$	
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		09/21/2011	\$ 2,000.00
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	
Renee Ellmers for Congress Committee PO Box 904 Dunn, NC 28335		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
<b>d. Office/District</b>		<b>f. Election Cycle Sum to Date</b>	
		\$	
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		11/22/2011	\$ 1,000.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$ 3,000.00
<b>5. Total of ALL CRO-4200 Pages</b> <small>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</small>			\$ 4,000.00

**Federal PAC Report of Contributions to NC  
Political Committees**

Page 1 of 2 Amendment  Yes  No

1. Committee Full Name (and Fund if applicable)		2. NC ID Number	
Lowe's Companies, Inc. PAC		9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	c. Comments
Patrick McHenry for Congress PO Box 1406 Hickory, NC 28601		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	Contribution
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County:	
		<input type="checkbox"/> Municipality:	
d. Office/District		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		12/05/2011	\$ 1,000.00
			\$
			\$
			\$
			\$
3. Payee Information <input type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	c. Comments
		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County:	
		<input type="checkbox"/> Municipality:	
d. Office/District		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
			\$
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 1,000.00
5. Total of ALL CRO-4200 Pages <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			\$ 4,000.00

CRO-4200

NC State Board of Elections

March 2003

# Federal PAC NC Disclosure Report Cover

Amendment  
 Yes  No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.  
 You must amend the Federal PAC Statement of Organization (CRO-4000) to make those kinds of committee changes.  
 Use the Addendum form (CRO-4110) if additional information needs to be provided.

## I. Committee Information

a. Full Name Lowe's Companies, Inc. PAC		c. NC ID Number 9000002
b. Mailing Address (include City, State and Zip Code) Attn: Cindy Reins - NB3TR 1000 Lowe's Boulevard Mooresville, NC 28117		d. Date Filed 04/25/2012
		e. Phone Number (704) 758-2330

2. Report Year 2012	3. Period Start Date (mm/dd/yyyy) 01/01/2012	4. Period End Date (mm/dd/yyyy) 04/21/2012	5. Total Amount Given to NC Committees \$ 22,250.00
------------------------	---	---	--

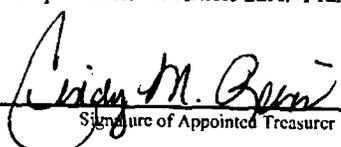
6. Type of Report (check one)		8. Treasurer Full Name (this should appear as listed on the Statement of Organization [CRO-4000]) Cindy M. Reins
<input checked="" type="checkbox"/> Quarterly <input type="checkbox"/> First Plus <input type="checkbox"/> Second <input type="checkbox"/> Third Plus <input type="checkbox"/> Fourth	<input type="checkbox"/> Semi-annual <input type="checkbox"/> Mid Year <input type="checkbox"/> Year End <input type="checkbox"/> Special	9. Assistant Treasurer Full Name (list the assistant that is a NC resident, if it is not the treasurer)
7. Special Report Name (if applicable)		

10. Account Information		10. Account Information	
a. Financial Institution Full Name Wells Fargo		a. Financial Institution Full Name	
b. Purpose Receipts and political contributions	c. Code	b. Purpose	c. Code
d. Period Begin Balance \$ 477,194.42	e. Period End Balance \$ 488,776.23	d. Period Begin Balance \$	e. Period End Balance \$

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

Cindy M. Reins  
 Printed Name of Signer

  
 Signature of Appointed Treasurer

4/25/12  
 Date

**FOR OFFICE USE ONLY** MAY 01 2012

Date Received:	Employee:	Delivery Method <input type="checkbox"/> Normal Mail <input checked="" type="checkbox"/> Registered Mail <input type="checkbox"/> Hand Delivered <input type="checkbox"/> Electronically Filed
Date Postmarked: <u>4-26-12</u>	Employee: <u>JGS</u>	
Date Scanned: <u>5-7-12</u>	Employee: <u>JGS</u>	

# Federal PAC Report of Contributions to NC Political Committees

Pg 1 of 10 Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. NC ID Number</b>	
Lowe's Companies, Inc. PAC		9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	<b>e. Comments</b>
Renee Ellmers for Congress Committee PO Box 904 Dunn, NC 28335		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		<b>c. Level Registered (Specify)</b>	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b>	<b>f. Election Cycle Sum to Date</b>
			\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		03/14/2012	\$ 1,000.00
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	<b>e. Comments</b>
The Pat McCrory Committee PO Box 98027 Raleigh, NC 27624		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b>	<b>f. Election Cycle Sum to Date</b>
		Governor	\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		03/16/2012	\$ 4,000.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$ 5,000.00
<b>5. Total of ALL CRO-4200 Pages</b> <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			\$ 22,250.00

**Federal PAC Report of Contributions to NC  
Political Committees**

Pg 2 of 10 Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b> Lowe's Companies, Inc. PAC		<b>2. NC ID Number</b> 9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Phil Berger Committee PO Box 1309 Eden, NC 27288		<b>b. Type of Committee</b> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>e. Comments</b> Contribution
		<b>c. Level Registered (Specify)</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b> Senate District 26	<b>f. Election Cycle Sum to Date</b> \$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/06/2012	\$ 3,000.00
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Harold Brubaker for NC House 215 Back Creek Church Road Asheboro, NC 27205		<b>b. Type of Committee</b> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	<b>e. Comments</b> Contribution
		<b>c. Level Registered (Specify)</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b> House District 78	<b>f. Election Cycle Sum to Date</b> \$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/06/2012	\$ 1,000.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$ 4,000.00
<b>5. Total of ALL CRO-4200 Pages</b> <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			\$ 22,250.00

# Federal PAC Report of Contributions to NC Political Committees

Pg 3 of 10 Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. NC ID Number</b>	
Lowe's Companies, Inc. PAC		9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	<b>e. Comments</b>
Robert Rucho Committee 305 Trafalgar Place Matthews, NC 28105		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b>	<b>f. Election Cycle Sum to Date</b>
		Senate District 39	\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/06/2012	\$ 1,000.00
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	<b>e. Comments</b>
Tom Apodaca Committee 106 4th Avenue West Hendersonville, NC 28739		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b>	<b>f. Election Cycle Sum to Date</b>
		Senate District 48	\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/06/2012	\$ 2,000.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>			\$ 3,000.00
<b>5. Total of ALL CRO-4200 Pages</b> <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			\$ 22,250.00

# Federal PAC Report of Contributions to NC Political Committees

Pg 4 of 12 Amendment  Yes  No

1. Committee Full Name (and Fund if applicable) Lowe's Companies, Inc. PAC			2. NC ID Number 9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Friends of Ruth Samuelson 1432 Ferncliff Road Charlotte, NC 28211		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		e. Comments Contribution
		c. Level Registered (Specify) <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
		d. Office/District House District 104		
				f. Election Cycle Sum to Date \$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount	
Check		04/06/2012	\$ 1,000.00	
			\$	
			\$	
			\$	
			\$	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Committee to Elect Thom Tillis PO Box 32186 Charlotte, NC 28232		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		e. Comments Contribution
		c. Level Registered (Specify) <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
		d. Office/District House District 98		
				f. Election Cycle Sum to Date \$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount	
Check		04/06/2012	\$ 2,000.00	
			\$	
			\$	
			\$	
			\$	
4. Total only this Page			\$ 3,000.00	
5. Total of ALL CRO-4200 Pages <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			\$ 22,250.00	

# Federal PAC Report of Contributions to NC Political Committees

Pg 5 of 12 Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. NC ID Number</b>	
Lowe's Companies, Inc. PAC		9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	<b>e. Comments</b>
Fletcher Hartsell Committee 129 Overbrook Drive NE Concord, NC 28025		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b>	<b>f. Election Cycle Sum to Date</b>
		Senate District 36	\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/06/2012	\$ 500.00
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	<b>e. Comments</b>
Harry Brown Committee 314 Country Club Drive Jacksonville, NC 28546		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>d. Office/District</b>	<b>f. Election Cycle Sum to Date</b>
		Senate District 6	\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/06/2012	\$ 500.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 1,000.00	
<b>5. Total of ALL CRO-4200 Pages</b> <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>		\$ 22,250.00	

# Federal PAC Report of Contributions to NC Political Committees

Pg   2   of   10   Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>			<b>2. NC ID Number</b>	
Lowe's Companies, Inc. PAC			9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>		<b>e. Comments</b>
Paul Stam Committee PO Box 1600 Apex, NC 27502		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>c. Level Registered (Specify)</b>		
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
		<b>d. Office/District</b>		<b>f. Election Cycle Sum to Date</b>
		House District 37		\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
Check		04/06/2012	\$ 500.00	
			\$	
			\$	
			\$	
			\$	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove				
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>		<b>e. Comments</b>
William Brisson for NC House Committee PO Box 531 Dublin, NC 28332		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party		
		<b>c. Level Registered (Specify)</b>		
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:		
		<b>d. Office/District</b>		<b>f. Election Cycle Sum to Date</b>
		House District 22		\$
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>	
Check		04/10/2012	\$ 500.00	
			\$	
			\$	
			\$	
			\$	
<b>4. Total only this Page</b>			\$ 1,000.00	
<b>5. Total of ALL CRO-4200 Pages</b> <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			\$ 22,250.00	

# Federal PAC Report of Contributions to NC Political Committees

Pg 1 of 12

Amendment  
 Yes  No

1. Committee Full Name (and Fund if applicable) Lowe's Companies, Inc. PAC		2. NC ID Number 9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Michael Wray for NC House 220 Davie Street Gaston, NC 27832		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	e. Comments Contribution
		c. Level Registered (Specify) <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District House District 27	f. Election Cycle Sum to Date \$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		04/10/2012	\$ 500.00
			\$
			\$
			\$
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)  Justin Burr for NC House PO Box 1966 Albemarle, NC 28002		b. Type of Committee <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	e. Comments Contribution
		c. Level Registered (Specify) <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District House District 67	f. Election Cycle Sum to Date \$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		04/10/2012	\$ 250.00
			\$
			\$
			\$
			\$
4. Total only this Page		\$ 750.00	
5. Total of ALL CRO-4200 Pages <i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>		\$ 22,250.00	

# Federal PAC Report of Contributions to NC Political Committees

Pg 8 of 10 Amendment  Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b>		<b>2. NC ID Number</b>	
Lowe's Companies, Inc. PAC		9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	
Julia Howard for NC House 203 Magnolia Avenue Mocksville, NC 27028		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
<b>d. Office/District</b>		<b>f. Election Cycle Sum to Date</b>	
House District 79		\$	
<b>e. Comments</b>	Contribution		
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/10/2012	\$ 2,000.00
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)		<b>b. Type of Committee</b>	
Jerry Dockham Committee PO Box 265 Denton, NC 27239		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		<b>c. Level Registered (Specify)</b>	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
<b>d. Office/District</b>		<b>f. Election Cycle Sum to Date</b>	
House District 80		\$	
<b>e. Comments</b>	Contribution		
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/10/2012	\$ 250.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 2,250.00	
<b>5. Total of ALL CRO-4200 Pages</b>		\$ 22,250.00	
<i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			

# Federal PAC Report of Contributions to NC Political Committees

Pg 9 of 10

Amendment  
 Yes  No

<b>1. Committee Full Name (and Fund if applicable)</b> Lowe's Companies, Inc. PAC		<b>2. NC ID Number</b> 9000002	
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Edgar Stames Committee 6715 Lakeview Terrace Hickory, NC 28601		<b>b. Type of Committee</b> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <b>c. Level Registered (Specify)</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>e. Comments</b> Contribution	
<b>d. Office/District</b> House District 87		<b>f. Election Cycle Sum to Date</b> \$	
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/10/2012	\$ 500.00
			\$
			\$
			\$
			\$
			\$
<b>3. Payee Information</b> <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
<b>a. Full Name, Mailing Address &amp; Phone</b> (include city, state, & zip)  Clark Jenkins Committee PO Box 310 Tarboro, NC 27886		<b>b. Type of Committee</b> <input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party <b>c. Level Registered (Specify)</b> <input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		<b>e. Comments</b> Contribution	
<b>d. Office/District</b> Senate District 3		<b>f. Election Cycle Sum to Date</b> \$	
<b>g. Form of Payment</b>	<b>h. Non-Monetary Gift Description</b>	<b>i. Date (mm/dd/yyyy)</b>	<b>j. Amount</b>
Check		04/10/2012	\$ 1,000.00
			\$
			\$
			\$
			\$
<b>4. Total only this Page</b>		\$ 1,500.00	
<b>5. Total of ALL CRO-4200 Pages</b> (This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)		\$ 22,250.00	

# Federal PAC Report of Contributions to NC Political Committees

Pg 10 of 10 Amendment  Yes  No

1. Committee Full Name (and Fund if applicable)		2. NC ID Number	
Lowe's Companies, Inc. PAC		9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	e. Comments
Citizens for Buck Newton 415 Sunset Wilson, NC 27893		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		c. Level Registered (Specify)	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District	f. Election Cycle Sum to Date
		Senate District 11	\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		04/10/2012	\$ 500.00
			\$
			\$
			\$
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	e. Comments
Stan Bingham Committee 292 N. Main Street Denton, NC 27239		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC <input type="checkbox"/> Referendum <input type="checkbox"/> Party	Contribution
		c. Level Registered (Specify)	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District	f. Election Cycle Sum to Date
		Senate District 33	\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		04/10/2012	\$ 250.00
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 750.00
5. Total of ALL CRO-4200 Pages			\$ 22,250.00
(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)			

**Federal PAC NC Disclosure Report Cover**

Amendment  
 Yes  No

Please note that this cover sheet cannot be used to amend committee information such as the committee address, treasurer, assistant treasurer, or account information.  
 You must amend the Federal PAC Statement of Organization (CRO-4000) to make those kinds of committee changes.  
 Use the Addendum form (CRO-4110) if additional information needs to be provided.

**1. Committee Information**

a. Full Name: **Lowe's Companies, Inc. PAC** c. NC ID Number: **9000002**

b. Mailing Address (include City, State and Zip Code):  
 Attn: Cindy Reins - NB3TR  
 1000 Lowe's Boulevard  
 Mooresville, NC 28117

d. Date Filed: **07/05/2012**

e. Phone Number: **(704) 758-2330**

**Received**  
**JUL 13 2012**  
**Campaign Finance**

**2. Report Year** 2012 **3. Period Start Date (mm/dd/yyyy)** 04/21/2012 **4. Period End Date (mm/dd/yyyy)** 06/30/2012 **5. Total Amount Given to NC Committees** \$ 17,000.00

**6. Type of Report (check one)**

Quarterly:  First Plus,  Second,  Third Plus,  Fourth

Semi-annual:  Mid Year,  Year End,  Special

**7. Special Report Name (if applicable)**

**8. Treasurer Full Name** (this should appear as listed on the Statement of Organization [CRO-4000])  
 Cindy M. Reins

**9. Assistant Treasurer Full Name** (list the assistant that is a NC resident, if it is not the treasurer)

**10. Account Information**

a. Financial Institution Full Name: **Wells Fargo**

b. Purpose: **Receipts and political contributions** c. Code:

d. Period Begin Balance: \$ 488,776.23 e. Period End Balance: \$ 528,394.18

**CERTIFICATION**

I certify that the Committee is in compliance with all provisions of Article 22A. I further say that this report is complete, true and correct.

Cindy M. Reins  
 Printed Name of Signer

*Cindy M. Reins*  
 Signature of Appointed Treasurer

7/5/12  
 Date

**FOR OFFICE USE ONLY**

Date Received: 7/13/12 Employee: [Signature] Delivery Method:  Normal Mail

Date Postmarked: 7/9/12 Employee: [Signature]  Registered Mail

Date Scanned: 7/17/12 Employee: [Signature]  Hand Delivered

Electronically Filed

**Federal PAC Report of Contributions to NC  
Political Committees**

1. Committee Full Name (and Fund if applicable)		2. NC ID Number	
Lowe's Companies, Inc. PAC		9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	c. Comments
Cooper for Attorney General PO Box 10587 Raleigh, NC 27605		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	Contribution
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District	f. Election Cycle Sum to Date
			\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		04/30/2012	\$ 2,000.00
			\$
			\$
			\$
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	c. Comments
North Carolina Republican Senate Caucus 1506 Hillsborough Street Raleigh, NC 27605		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	Contribution
		<input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
		d. Office/District	f. Election Cycle Sum to Date
			\$
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		05/03/2012	\$ 2,500.00
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 4,500.00
5. Total of ALL CRO-4200 Pages <i>(This line goes in line 5 of Federal PAC NC Disclosure Reports Cover Page CRO-4100)</i>			\$ 17,000.00

**Federal PAC Report of Contributions to NC  
Political Committees**

Amendment  
Pg 2 of 4  Yes  No

1. Committee Full Name (and Fund if applicable)		2. NC ID Number	
Lowe's Companies, Inc. PAC		9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Mel Watt for Congress PO Box 36831 Charlotte, NC 28238		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
d. Office/District		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		05/07/2012	\$ 1,000.00
			\$
			\$
			\$
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
North Carolina Chamber PAC 701 Corporate Center Drive, Suite 400 Raleigh, NC 27607		<input type="checkbox"/> Candidate <input checked="" type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
d. Office/District		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		06/08/2012	\$ 4,000.00
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 5,000.00
5. Total of ALL CRO-4200 Pages (This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)			\$ 17,000.00

CRO-4200

NC State Board of Elections

March 2003

**Federal PAC Report of Contributions to NC  
Political Committees**

Page 3 of 4 Amendment  Yes  No

1. Committee Full Name (and Fund if applicable)		2. NC ID Number	
Lowe's Companies, Inc. PAC		9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
North Carolina Republican House Caucus 1506 Hillsborough Street Raleigh, NC 27605		<input type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input checked="" type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
d. Office/District		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		05/03/2012	\$ 2,500.00
			\$
			\$
			\$
			\$
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
McHenry for Congress PO Box 1406 Hickory, NC 28601		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
d. Office/District		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment	h. Non-Monetary Gift Description	i. Date (mm/dd/yyyy)	j. Amount
Check		05/04/2012	\$ 1,000.00
			\$
			\$
			\$
			\$
4. Total only this Page			\$ 3,500.00
5. Total of ALL CRO-4200 Pages			\$ 17,000.00
(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)			

CRO-4200

NC State Board of Elections

March 2003

**Federal PAC Report of Contributions to NC  
Political Committees**

1. Committee Full Name (and Fund if applicable)		2. NC ID Number	
Lowe's Companies, Inc. PAC		9000002	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Walter Jones for Congress Committee PO Box 3962 Greenville, NC 27836		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input checked="" type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
d. Office/District		e. Comments	
		Contribution	
		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment		h. Non-Monetary Gift Description	
Check			
		i. Date (mm/dd/yyyy)	
		06/22/2012	
		j. Amount	
		\$ 2,000.00	
		\$	
		\$	
		\$	
		\$	
3. Payee Information <input checked="" type="checkbox"/> Add <input type="checkbox"/> Remove			
a. Full Name, Mailing Address & Phone (include city, state, & zip)		b. Type of Committee	
Mike McIntyre for Congress PO Box 1 Lumberton, NC 28359		<input checked="" type="checkbox"/> Candidate <input type="checkbox"/> PAC	
		<input type="checkbox"/> Referendum <input type="checkbox"/> Party	
		c. Level Registered (Specify)	
		<input type="checkbox"/> State <input type="checkbox"/> County: <input type="checkbox"/> Municipality:	
d. Office/District		e. Comments	
		Contribution	
		f. Election Cycle Sum to Date	
		\$	
g. Form of Payment		h. Non-Monetary Gift Description	
Check			
		i. Date (mm/dd/yyyy)	
		06/22/2012	
		j. Amount	
		\$ 2,000.00	
		\$	
		\$	
		\$	
		\$	
4. Total only this Page		\$ 4,000.00	
5. Total of ALL CRO-4200 Pages		\$ 17,000.00	
<i>(This line goes in line 5 of Federal PAC NC Disclosure Report Cover Page CRO-4100)</i>			

NC State Board of Elections  
506 North Harrington St.  
Raleigh, NC 27603

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