



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2012"/>	<input type="text" value="30128.21"/>	<input type="text" value="30128.21"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="31048.21"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="2340.76"/>	<input type="text" value="42510.76"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="33388.97"/>	<input type="text" value="72638.97"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="11500.00"/>	<input type="text" value="50750.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="21888.97"/>	<input type="text" value="21888.97"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From:  /  /  To:  /  /

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A).....	2340.76	12120.76
(ii) Unitemized .....	0.00	390.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)..... ▶	2340.76	12510.76
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	30000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	2340.76	42510.76
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	2340.76	42510.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	2340.76	42510.76

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	11500.00	50750.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share .....	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	11500.00	50750.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	11500.00	50750.00

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	2340.76	42510.76
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2340.76	42510.76
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	0.00	0.00

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

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

FOR LINE NUMBER: PAGE 6 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

**A. Kristin Bass**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 812 N. Jackson Street  
 City State Zip Code  
 Arlington VA 22201  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PCMA SVP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 3653.86

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.4997**  
 Amount of Each Receipt this Period  
 1153.86

**B. Tim Brogan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2301 Columbia Pike  
 City State Zip Code  
 Arlington VA 22204  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PCMA AVP  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 760.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.5008**  
 Amount of Each Receipt this Period  
 240.00

**C. Jonathan Heafitz**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2704 Emmet Road  
 City State Zip Code  
 Silver Spring MD 20902  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 PCMA Director  
 Receipt For:  
 Primary     General  
 Other (specify) ▼  
 Aggregate Year-to-Date ▼  
 355.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 09 / 20 / 2012  
**Transaction ID : SA11AI.5000**  
 Amount of Each Receipt this Period  
 160.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1553.86  
**TOTAL** This Period (last page this line number only)..... ▶

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 7 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial) <b>A. Barbara Levy</b>			Date of Receipt
Mailing Address 522 N.Alfred Street			<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5002</b>
Alexandria	VA	22314	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="120.00"/>
Name of Employer	Occupation		
PCMA	Assist VP State Affairs and GC		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="380.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>B. Brian McCarthy</b>			Date of Receipt
Mailing Address 4829 Langdrum Lane			<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5006</b>
Chevy Chase	MD	20815	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="90.00"/>
Name of Employer	Occupation		
PCMA	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="285.00"/>		
<input type="checkbox"/> Other (specify) ▼			

Full Name (Last, First, Middle Initial) <b>C. Jerome Steffl</b>			Date of Receipt
Mailing Address 1401 N. Oak Street, #990			<input type="text" value="09"/> / <input type="text" value="20"/> / <input type="text" value="2012"/>
City	State	Zip Code	<b>Transaction ID : SA11AI.5009</b>
Arlington	VA	22209	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>		<input type="text" value="576.90"/>
Name of Employer	Occupation		
PCMA	VP		
Receipt For:	Aggregate Year-to-Date ▼		
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="2076.90"/>		
<input type="checkbox"/> Other (specify) ▼			

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	<input type="text" value="786.90"/>
<b>TOTAL</b> This Period (last page this line number only).....▶	<input type="text" value="2340.76"/>

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

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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)

**A. CHARLES F. BASS**

Mailing Address PO BOX 210

City State Zip Code  
PETERBOROUGH NH 03458

Purpose of Disbursement

Candidate Name

**BASS VICTORY COMMITTEE**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: NH District: 02

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	2

**Transaction ID : SB23.4951**

Amount of Each Disbursement this Period

7	5	0	0
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Full Name (Last, First, Middle Initial)

**B. EARL BLUMENAUER**

Mailing Address 830 NE HOLLADAY #105

City State Zip Code  
PORTLAND OR 97232

Purpose of Disbursement

Candidate Name

**BLUMENAUER FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: OR District: 03

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

**Transaction ID : SB23.5011**

Amount of Each Disbursement this Period

1	0	0	0
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Full Name (Last, First, Middle Initial)

**C. WILLIAM CASSIDY**

Mailing Address 3115 DALRYMPLE DRIVE  
SUITE 1

City State Zip Code  
BATON ROUGE LA 70802

Purpose of Disbursement

Candidate Name

**BILL CASSIDY FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: LA District: 06

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		1	9		2	0	1	2

**Transaction ID : SB23.4949**

Amount of Each Disbursement this Period

7	5	0	0
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**SUBTOTAL** of Disbursements This Page (optional)..... ▶

2	5	0	0
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**TOTAL** This Period (last page this line number only)..... ▶

2	5	0	0
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**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 checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial) <b>A. JOSEPH CROWLEY</b>		Date of Disbursement MM / DD / YYYY 09 / 20 / 2012
Mailing Address 48-24 65TH STREET		Transaction ID : <b>SB23.4980</b>
City WOODSIDE	State NY	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 500.00
Candidate Name <b>CROWLEY FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NY District: 14	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. RICHARD L. JR. HUDSON</b>		Date of Disbursement MM / DD / YYYY 08 / 01 / 2012
Mailing Address 86 SPRING STREET NW		Transaction ID : <b>SB23.4965</b>
City CONCORD	State NC	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 500.00
Candidate Name <b>HUDSON FOR CONGRESS</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: NC District: 08	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. JAMES D. JORDAN</b>		Date of Disbursement MM / DD / YYYY 07 / 31 / 2012
Mailing Address 1709 SOUTH STATE ROUTE 560		Transaction ID : <b>SB23.4962</b>
City URBANA	State OH	
Purpose of Disbursement	Category/Type	Amount of Each Disbursement this Period 1000.00
Candidate Name <b>BUCKEYE LIBERTY PAC</b>	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:	Disbursement For: 2012 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)

**A. RON KIND**

Mailing Address 205 5TH AVENUE SOUTH  
SUITE 428

City LA CROSSE State WI Zip Code 54602

Purpose of Disbursement

Candidate Name  
**KIND FOR CONGRESS COMMITTEE**

Office Sought:  House  Senate  President  
State: WI District: 03  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : **SB23.5015**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**B. ADAM KINZINGER**

Mailing Address 250 RAVEN DRIVE  
APARTMENT GB

City MANTENO State IL Zip Code 60950

Purpose of Disbursement

Candidate Name  
**KINZINGER FOR CONGRESS**

Office Sought:  House  Senate  President  
State: IL District: 16  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	9		2	0		2	0	1	2

Transaction ID : **SB23.5019**

Amount of Each Disbursement this Period

5	0	0	0	0	0	0	0	0	0

Full Name (Last, First, Middle Initial)

**C. JOE III MANCHIN**

Mailing Address 1668 FAIRMONT AVENUE

City FAIRMONT State WV Zip Code 26554

Purpose of Disbursement

Candidate Name  
**MANCHIN FOR WEST VIRGINIA**

Office Sought:  House  Senate  President  
State: WV District: 00  
Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	7		2	5		2	0	1	2

Transaction ID : **SB23.4954**

Amount of Each Disbursement this Period

1	0	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0

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

2	5	0	0	0	0	0	0	0	0



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

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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)

**A. DAVID SCHWEIKERT**

Mailing Address 15749 E EL LAGO BLVD

City FOUNTAIN HILLS State AZ Zip Code 85268

Purpose of Disbursement

Candidate Name

**SCHWEIKERT FOR CONGRESS**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: AZ District: 06

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	24	/	2012

**Transaction ID : SB23.4983**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**B. CHRISTIE VILSACK**

Mailing Address 2204 PINEHURST DR

City AMES State IA Zip Code 50010

Purpose of Disbursement

Candidate Name

**CHRISTIE VILSACK FOR IOWA**

Office Sought:  House  
 Senate  
 President

Disbursement For: 2012  
 Primary  General  
 Other (specify) ▼

State: IA District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	26	/	2012

**Transaction ID : SB23.5031**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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

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

2000.00
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11500.00
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