

**FEC
FORM 3****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For An Authorized Committee

Office Use Only

1. NAME OF
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type
over the lines.

12FE4M5

Kicinski For Congress

ADDRESS (number and street)

102 North Main Street

Check if different
than previously
reported. (ACC)

Earlville

NY

13332

2. FEC IDENTIFICATION NUMBER ▼

C

C00521278

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

NY

22

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:



April 15 Quarterly Report (Q1)



July 15 Quarterly Report (Q2)



October 15 Quarterly Report (Q3)



January 31 Year-End Report (YE)



Termination Report (TER)

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

Primary (12P)



General (12G)



Runoff (12R)



Convention (12C)



Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the
State of(c) 30-Day **POST**-Election Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Dawn Adams

Signature of Treasurer

Dawn Adams

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office
Use
Only**FEC FORM 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 11

Write or Type Committee Name

Kicinski For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	7366.86	7366.86
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	7366.86	7366.86
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	5723.63	5723.63
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	5723.63	5723.63
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1643.23	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

For further information contact:

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

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

DETAILED SUMMARY PAGE of Receipts

PAGE 3 / 11

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Kicinski For Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	1	2

I. RECEIPTS
COLUMN A
Total This Period

COLUMN B
Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

5336.86

5336.86

(ii) Unitemized.....

2030.00

2030.00

(iii) TOTAL of contributions from individuals ▶

7366.86

7366.86

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

7366.86

7366.86

12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES

0.00

0.00

13. LOANS:

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)

0.00

0.00

15. OTHER RECEIPTS (Dividends, Interest, etc.)

0.00

0.00

16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

7366.86

7366.86

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5723.63	5723.63
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	5723.63	5723.63

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	7366.86
25. SUBTOTAL (add Line 23 and Line 24).....	7366.86
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5723.63
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1643.23

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

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

FOR LINE NUMBER:
(check only one)

PAGE 5 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 11d
12 13a 13b 14 15

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

NAME OF COMMITTEE (In Full)
Kicinski For Congress

A. Full Name (Last, First, Middle Initial) Richard or Shelby Barrett		Date of Receipt M M / D D / Y Y Y Y 06 / 14 / 2012	
Mailing Address 10243 Roberts Rd.		Transaction ID : SA11AI.4163	
City Sauguoit	State NY	Zip Code 13456	Amount of Each Receipt this Period Piryx 300.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Piryx 400.00	
Name of Employer Broz Allen Hamilton	Occupation Consultant		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 400.00		
B. Full Name (Last, First, Middle Initial) Jeffrey and Mariana Gorrin		Date of Receipt M M / D D / Y Y Y Y 06 / 27 / 2012	
Mailing Address 23 Waterwheel Cir.		Transaction ID : SA11AI.4155	
City Clark Mills	State NY	Zip Code 13321	Amount of Each Receipt this Period Piryx 50.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period Piryx 250.00	
Name of Employer n/a	Occupation n/a		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
C. Full Name (Last, First, Middle Initial) William or Robin Ketchum		Date of Receipt M M / D D / Y Y Y Y 06 / 08 / 2012	
Mailing Address 2081 Cornell Hollow Rd.		Transaction ID : SA11AI.4125	
City Endicott	State NY	Zip Code 13760	Amount of Each Receipt this Period 1000.00
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 1000.00	
Name of Employer na	Occupation na		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1000.00		
SUBTOTAL of Receipts This Page (optional).....		1350.00	
TOTAL This Period (last page this line number only).....			

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

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

FOR LINE NUMBER:

PAGE 6 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)
Kicinski For Congress

A. Full Name (Last, First, Middle Initial) Michael Kicinski			Date of Receipt M M / D D / Y Y Y Y 06 / 21 / 2012	
Mailing Address 102 North Main Street			Transaction ID : SA11AI.4147	
City Earlville	State NY	Zip Code 13332	Amount of Each Receipt this Period 568.36 cash for 2 campaign tracfoes	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 568.36		
Name of Employer none		Occupation Electronics Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 568.36		
B. Full Name (Last, First, Middle Initial) Michael Kicinski			Date of Receipt M M / D D / Y Y Y Y 06 / 29 / 2012	
Mailing Address 102 North Main Street			Transaction ID : SA11AI.4148	
City Earlville	State NY	Zip Code 13332	Amount of Each Receipt this Period 418.50 cash for gas	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 986.86		
Name of Employer none		Occupation Electronics Engineer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 986.86		
C. Full Name (Last, First, Middle Initial) Robert and Kathryn McDermott			Date of Receipt M M / D D / Y Y Y Y 05 / 22 / 2012	
Mailing Address 6911 Hickory Creek Ln			Transaction ID : SA11AI.4104	
City Dallas	State TX	Zip Code 75252	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C		Election Cycle-to-Date 500.00		
Name of Employer n/a		Occupation n/a		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 500.00		
SUBTOTAL of Receipts This Page (optional).....			1486.86	
TOTAL This Period (last page this line number only).....				

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:

PAGE 7 OF 11

(check only one)

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

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NAME OF COMMITTEE (In Full)
Kicinski For Congress

Full Name (Last, First, Middle Initial)

Carl P. Paladino

Mailing Address 282 Potters Rd.

City

Buffalo

State

NY

Zip Code

14220

FEC ID number of contributing
federal political committee.

C

Name of Employer
naOccupation
na

Receipt For: 2012

☒ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

2500.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		12		2012

Transaction ID : SA11Al.4123

Amount of Each Receipt this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City

State

Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Election Cycle-to-Date

Date of Receipt

M M	/	D D	/	Y Y Y Y

Amount of Each Receipt this Period

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

2500.00

5336.86

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

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

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NAME OF COMMITTEE (In Full)

Kicinski For Congress

Full Name (Last, First, Middle Initial)

A. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		01		2012

City	State	Zip Code
Earlville	NY	13332

Amount of Each Disbursement this Period

517.40

Purpose of Disbursement
Sherburne News Printing

004

Transaction ID : SB17.4137

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Full Name (Last, First, Middle Initial)

B. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		15		2012

City	State	Zip Code
Earlville	NY	13332

Amount of Each Disbursement this Period

481.00

Purpose of Disbursement
Sherburne News Printing

004

Transaction ID : SB17.4139

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Full Name (Last, First, Middle Initial)

C. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		21		2012

City	State	Zip Code
Earlville	NY	13332

Amount of Each Disbursement this Period

568.36

Purpose of Disbursement
Cash reimburse for 2 tracfones (personal donation)

003

Transaction ID : SB17.4149

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

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

1566.76

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

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

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NAME OF COMMITTEE (In Full)

Kicinski For Congress

Full Name (Last, First, Middle Initial)

A. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		22		2012

City	State	Zip Code
Earlville	NY	13332

Purpose of Disbursement
Brothers 2 - Dawn Adams

Amount of Each Disbursement this Period

384.00

Transaction ID : SB17.4140

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Full Name (Last, First, Middle Initial)

B. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		23		2012

City	State	Zip Code
Earlville	NY	13332

Purpose of Disbursement
Signs reimburse Michael Kicinski

Amount of Each Disbursement this Period

1414.84

Transaction ID : SB17.4141

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Full Name (Last, First, Middle Initial)

C. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		27		2012

City	State	Zip Code
Earlville	NY	13332

Purpose of Disbursement
Denny's meeting room

Amount of Each Disbursement this Period

200.00

Transaction ID : SB17.4142

Candidate Name

Category/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

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

1998.84

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

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

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NAME OF COMMITTEE (In Full)

Kicinski For Congress

Full Name (Last, First, Middle Initial)

A. Kicinski For Congress

Mailing Address 102 North Main Street

City	State	Zip Code
Earlville	NY	13332

Purpose of Disbursement
Sherburne News printing

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2012

Amount of Each Disbursement this Period

326.00

Transaction ID : SB17.4144

B. Kicinski For Congress

Mailing Address 102 North Main Street

City	State	Zip Code
Earlville	NY	13332

Purpose of Disbursement
Autodial calls - reimburse Michael Kicinski

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2012

Amount of Each Disbursement this Period

1258.40

Transaction ID : SB17.4145

C. Kicinski For Congress

Mailing Address 102 North Main Street

City	State	Zip Code
Earlville	NY	13332

Purpose of Disbursement
Cash reimburse for gas (personal donation)

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: NY District: 22

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		29		2012

Amount of Each Disbursement this Period

418.50

Transaction ID : SB17.4150

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

2002.90

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

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

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NAME OF COMMITTEE (In Full)

Kicinski For Congress

Full Name (Last, First, Middle Initial)

A. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Earlville	NY	13332

Amount of Each Disbursement this Period

100.00

Purpose of Disbursement
Music Park - reimburse Dawn Adams**Transaction ID : SB17.4143**

Candidate Name

Category/
Type

Office Sought:	<input checked="" 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)
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State: NY District: 22

Full Name (Last, First, Middle Initial)

B. Kicinski For Congress

Mailing Address 102 North Main Street

Date of Disbursement

M M	/	D D	/	Y Y Y Y
06		30		2012

City	State	Zip Code
Earlville	NY	13332

Amount of Each Disbursement this Period

55.13

Purpose of Disbursement
Pirya fees up to 6/30/2012**Transaction ID : SB17.4179**

Candidate Name

Category/
Type

Office Sought:	<input checked="" 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: NY District: 22

Full Name (Last, First, Middle Initial)

C.

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y

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)
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State: District:

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

155.13

5723.63