Image# 14952734073					PAGE 1 / 8
FEC AN	PORT OF R D DISBURS Other Than An Author	EMENT	S	Office	use Only
1. NAME OF TYPE COMMITTEE (in full)	e or print V	Example: If typin over the lines.	ng, type	12FE4M5	
) WATERSIDE DRIVE				
ADDRESS (number and street)					
Check if different than previously reported. (ACC)	ARMINGTON			CT 060	032
2. FEC IDENTIFICATION NUMB	ER V CITY		S		ZIP CODE
C C00108605	3. IS T REP		NEW N) OR	AMENDE (A)	Ð
 4. TYPE OF REPORT (In (Choose One) (a) Quarterly Reports: 	b) Monthly Report Due On: Mar 20	(M3)	May 20 (M5) Jun 20 (M6)	Aug 20 (M8	 (Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15	(c) 12-Day PRE-Election Report for the:	(M4) Primary (12F Convention (Oct 20 (M1 General (12G) Special (12S)	0) Jan 31 (YE) Runoff (12R)
Quarterly Report (Q3) January 31 Year-End Report (YE)	Election o	n /	D D /	Y Y Y Y Y	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST -Election > Report for the:	K General (300	à)	Runoff (30R)	Special (30S)
Termination Report (TER)	Election o	n 11	04 /	2014	in the State of CT
5. Covering Period 10	01 / Y Y Y Y 01 2014	through	11		2014
I certify that I have examined this Re	eport and to the best of my	knowledge and l	pelief it is true	e, correct and comp	olete.
Type or Print Name of Treasurer	homas S. Mongellow				
Signature of Treasurer	Mongellow	[Electronically	<i>Filed]</i> Da		03 / Y Y Y Y 2014
NOTE: Submission of false, erroneous,	or incomplete information m	ay subject the pers	son signing thi	is Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only					EC FORM 3X Rev. 12/2004

12/03/2014 16 : 01

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

Page 2

FEC Form 3X (Rev. 02/2003) Write or Type Committee Name

CONNECTICUT BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (CBA FED PAC)

R	eport Covering the Period: From:	M / D D / Y Y Y Y Y 01 2014	To: 11 / 24 / Y Y Y Y Y Y Y Y
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2014		12511.74
	(b) Cash on Hand at Beginning of Reporting Period	26110.99	
	(c) Total Receipts (from Line 19)	2520.00	19032.00
	 (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) 	28630.99	31543.74
7.	Total Disbursements (from Line 31)	231.51	3144.26
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28399.48	28399.48
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

X

1	FAILED SUMMARY PAGE of Receipts	Dam 2
FEC Form 3X (Rev. 06/2004) Write or Type Committee Name		Page 3
CONNECTICUT BANKERS ASSOCIA	ATION POLITICAL ACTION C	OMMITTEE (CBA FED PAC)
M = M		M = M / D = D / Y = Y = Y
Report Covering the Period: From: 10	012014T	io: 11 24 2014
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)	250.00	775.00
(ii) Unitemized	1270.00	15757.00
(iii) TOTAL (add		
Lines 11(a)(i) and (ii)	1520.00	16532.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees	1000.00	2500.00
(such as PACs)(d) Total Contributions (add Lines	3 7 7	200.00
11(a)(iii), (b), and (c)) (Carry		(0000.00)
Totals to Line 33, page 5)	2520.00	19032.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures	7 7	
(Refunds, Rebates, etc.)	0.00	0.00
(Carry Totals to Line 37, page 5) 16. Refunds of Contributions Made	7 7	0.00
to Federal Candidates and Other		
Political Committees	0.00	0.00
17. Other Federal Receipts	0.00	0.00
(Dividends, Interest, etc.) 18. Transfers from Non-Federal and Levin Funds	0.00	0.00
(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),	0500.00	40020.02
12, 13, 14, 15, 16, 17, and 18(c))▶	2520.00	19032.00
20. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	2520.00	19032.00

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			
. 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	231.51	1044.2			
(c) Total Operating Expenditures	7 7				
(add 21(a)(i), (a)(ii), and (b))	231.51	1044.2			
Transfers to Affiliated/Other Party Committees	0.00	0.0			
Contributions to Federal Candidates/Committees and Other Political Committees	0.00	2100.00			
Independent Expenditures					
(use Schedule E) Coordinated Party Expenditures (2 U.S.C. §441a(d))	0.00	0.0			
(use Schedule F)	0.00	0.00			
Loan Repayments Made	0.00	0.00			
Loans Made Refunds of Contributions To:	0.00	0.00			
(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			
Other Disbursements	0.00	0.00			
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	0.0			
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))►	0.00	0.00			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	231.51	3144.2			
Total Federal Disbursements					
(subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)	231.51	3144.26			
,					

FE6AN026

L

DETAILED SUMMARY PAGE

of Disbursements

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date			
 Total Contributions (other than loans) (from Line 11(d), page 3) 	2520.00	19032.00			
 Total Contribution Refunds (from Line 28(d)) 	0.00	0.00			
 Net Contributions (other than loans) (subtract Line 34 from Line 33) 	2520.00	19032.00			
 Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) 	231.51	1044.26			
 Offsets to Operating Expenditures (from Line 15, page 3) 	0.00	0.00			
3. Net Operating Expenditures (subtract Line 37 from Line 36)	231.51	1044.26			

Image# 14952734078

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 6 OF

8

	EMIZED RECEIPTS		for each category of the Detailed Summary Page	X 11a 11b 11c 12 13 14 15 16 17						
	ny information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions 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) CONNECTICUT BANKERS AS	SOCIATI	ON POLITICAL ACTIC	N COMMITTEE (CBA FED PAC)						
Α.	Full Name (Last, First, Middle Initial) Robert K. Kettenmann Mailing Address 98 Highland Ave.			Date of Receipt						
	City Norwalk	State CT	Zip Code 06853	Transaction ID : SA11AI.4201 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee.	C		250.00 Contribution						
	Name of Employer Darien Rowayton Bank Receipt For: Primary Other (specify)	Occupation President 8 Aggregate								
В.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	City	State	Zip Code	Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee. Name of Employer	Occupation								
	Receipt For: Primary General Other (specify) v	Aggregate	Year-to-Date V							
<u>с</u> .	Full Name (Last, First, Middle Initial)			Date of Receipt						
	Mailing Address	State	Zip Code							
	City	Amount of Each Receipt this Period								
	FEC ID number of contributing federal political committee.	С								
	Name of Employer	Occupation								
	Receipt For: Primary General Other (specify) ▼		Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)			250.00						

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

250.00

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:

(check only one)

PAGE 7

OF

8

			Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17						
	y information copied from such Reports and Sta for commercial purposes, other than using the n									
$\left.\right\rangle$	NAME OF COMMITTEE (In Full) CONNECTICUT BANKERS ASS	OCIATI	ON POLITICAL ACTIO	N COMMITTEE (CBA FED PAC)						
Α.	Full Name (Last, First, Middle Initial) PEOPLE'S BANK FEDERAL POLITICA Mailing Address 850 MAIN ST 15TH FL	ACTIO	N COMMITTEE	Date of Receipt						
	City BRIDGEPORT	State CT	Zip Code 06604	Transaction ID : SA11C.4199 Amount of Each Receipt this Period						
	FEC ID number of contributing federal political committee. Name of Employer	C Coo	0178012	Contribution						
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 1000.00							
В.	Full Name (Last, First, Middle Initial)			Date of Receipt						
	City FEC ID number of contributing federal political committee.	Zip Code	Amount of Each Receipt this Period							
Name of Employer Occupation Receipt For: Aggregate Primary General			Year-to-Date ▼							
	Uther (specify) ▼ Full Name (Last, First, Middle Initial)	L	<u></u>							
C.	Mailing Address			Date of Receipt						
	City	State	Zip Code	Amount of Each Receipt this Period						
FEC ID number of contributing federal political committee. Name of Employer Occupation										
	Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼							
s	UBTOTAL of Receipts This Page (optional)		>	1000.00						
т	OTAL This Period (last page this line number or	ıly)	•	1000.00						

TEMIZED DISBURSEMENTS Use separate schedule(s) breach category of the Detailed Summary Page (check only one) 22 23 24 25 26 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) NAME OF COMMITTEE (in Full) CONNECTICUT BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (CBA FED PAC) Full Name (Last, First, Middle Initial) A. Connecticut Bankers Association Mailing Address 10 Waterside Drive Date of Disbursement City State Zip Code Farmington CT 06032 Purpose of Disbursement Disbursement For: Purpose of Disbursement Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) B. B. First Niagara Mailing Address P. O. Box CT City State Zip Code South Windsor CT City State Zip Code South Windsor CT 06074 Purpose of Disburseme	S	CHEDULE B (FEC Form 3X)			F	ו אכ			<u>۱</u> .		PA	GE 8	OF 8		
Detailed Summary Page 120 228 236	IT	EMIZED DISBURSEMENTS				(check only one)									
ar for commercial puppese, after than using the name and address of any political committee to solicit contributions from such committee. NAME OF COUNTERE (n Park NAME OF COUNTERE (n Park A. Connecticut Bankers Association Mailing Address 10 Wateraide Drive City Farmington Candidate Name Candidate Name Office Sought: State Propose of Disbursement State State Office Sought: South Mindse Propose of Disbursement State Diffice Sought: South Mindse City State: Disbursement Bank Service Fee Candidate Name City State: District: Propose of Disbursement For: State: District: Pouse Office Sought: Bank Service Fee Candidate Name City State: District: Propose of Disbursement Propose of Disbu													26 30b		
CONNECTICUT BANKERS ASSOCIATION POLITICAL ACTION COMMITTEE (CBA FED PAC) Auimane (Last, Fiet, Middle Initial) A. Connecticut Bankers Association Mailing Address 10 Waterside Drive City City Parmington Ct 0032 Purpose of Dibbursement StationaP/Purpose of Dibbursement StationaP/Purpose of Dibbursement StationaP/Purpose of Dibbursement For: Previous of Dibursement Bisite: Point Cast, Fiet, Middle Initial) B. First Niagara Mailing Address City Subter City Subter City Subter City Subter Disbursement Bark Sortow Fee Candidate Name City Subter Disbursement Subter Disbursement Subter City Subter City Subter City Subter Disbursement		for commercial purposes, other than using the													
Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Primoso of Disbursement Other (specify) Transaction ID: SB218.4191 City State Disbursement is Period Citig Primoso of Disbursement Other (specify) Condicitie Name Disbursement for: Pristigenov(101/2) Disbursement is Period City Senate Disbursement for: Disbursement is Period State: Disbursement is Period Disbursement is Period State: Disbursement is Period Other (specify) Transaction ID: SB218.4191 Amount of Each Disbursement is Period Other (specify) Transaction ID: SB218.4193 Maling Address P. O. Box Cit 200.78 City State Zip Code Sudth Windsor Cit 201.41 City State Zip Code City State Disbursement for: Other (specify) Pripseident Disbursement for: Other (specify) State City State Zip Code Primary General Office Sought: House </td <td>$\left \right\rangle$</td> <td></td> <td></td> <td></td> <td></td> <td>~-</td> <td></td> <td>0014</td> <td></td> <td></td> <td></td> <td></td> <td></td>	$\left \right\rangle$					~-		0014							
A Connecticut Bankers Association Date of Disbursement Mailing Address 10 Waterside Drive 11 17 2014 City State Zip Code Transaction ID : SB21B.4191 Purpose of Disbursement State Condicate Name Condicate Name Candidate Name Disbursement For: Other (specify) Transaction ID : SB21B.4191 Purpose of Disbursement Disbursement For: Disbursement For: Disbursement B First Niagara Date of Disbursement for: Disbursement For: Candidate Name Category/ Purpose of Disbursement Category/ Type Transaction ID : SB21B.4193 Anount of Each Disbursement For: Disbursement For: Disbursement For: Disbursement For: City State Zip Code Anount of Each Disbursement for: Propose of Disbursement Disbursement For: Date of Disbursement for: Disbursement for: President Cher (specify) Anount of Each Disbursement for: Disbursement for: Purpose of Disbursement Disbursement For: Disbursement for: Disbursement for: City State Disbursement for: Category/ Type Anount		CONNECTICUT BANKERS AS	SOCIATION	POLITICA	LA	ا د	ION	COM		IEt	E (CBA	FED	PAC)		
Mailing Address 10 Waterside Drive 11 17 2014 City State Zip Code 001 Purpose of Disbursement 001 Amount of Each Disbursement this Period Candidate Name 001 President 001 Office Sought: House Disbursement For: President State: Districts Code 001 B. First Niagara Date of Disbursement 01 31 2014 Mailing Address Cit open of CT 06074 Transaction ID : SB218.4193 Sute: Districts Date of Disbursement 10 31 2014 City State Zip Code Transaction ID : SB218.4193 Amount of Each Disbursement Bank Service Fee Catagory/ Transaction ID : SB218.4193 Amount of Each Disbursement this Period Candidate Name Other (specify) ◆ State Category/ 30.73 Office Sought: House Disbursement For: Senate Category/ 30.73 Office Sought: House Disbursement For: Category/ Transaction ID : Sb218.4193 Amount of Each Disbursement <t< th=""><th>Α.</th><th colspan="7"></th><th colspan="7"></th></t<>	Α.														
Familington CT 06032 Purpose of Disbursement 001 Cardidate Name Category/ Type Office Sought: House Senate Disbursement For: President Purpose of Disbursement Disbursement For: President Disbursement State: District: Disbursement For: President Disbursement Mailing Address P.O. Box 10 31 2014 City State Zip Code Office Sought: House Senate Disbursement For: Office Sought: Disbursement For: Disbursement Disbursement City State Zip Code Office Sought: Disbursement For: Primary General Other (specify) Disbursement this Period State: Disbursement Disbursement For: Primary General Other (specify) Disbursement this Period Cty State Disbursement For: Primary General Other (specify) Date of Disbursement City State Zip Code Amount of Each Disbursement this Period Candidate Name Disbursement For: Primary General Amount of Each Disbursement this Period Office Sought: House Disbursement For: Primary Category/ Type		Mailing Address 10 Waterside Drive													
Stationary/Printing Expense 01 Cardidate Name 01 Cardidate Name 01 Category/ 01 State: Disbursement For: State: Disbrint: Pull Name (Last, First, Middle Initial) B. First Niagara Mailing Address P. O. Box City State: Disbursement Cardidate Name City State Disbursement For: Primacy General Other (specify) ▼ State Disbursement For: Primacy General Other (specify) ▼ City State Disbursement For: Primacy Category/ Disbursement For: Disbursement For: C		Farmington						Transaction ID : SB21B.4191							
Category/ Type 200.78 Office Sought: House President Disbursement For: Other (specify) General Other (specify) Date of Disbursement B. First Niagara Date of Disbursement Date of Disbursement Mailing Address P. O. Box CT 06074 City State Zip Code Other (specify) Amount of Each Disbursement this Period Category/ Type Office Sought: House President Disbursement For: Other (specify) Date of Disbursement this Period City State Zip Code Purpose of Disbursement Each Struct Date of Disbursement this Period City State Zip Code Purpose of Disbursement For: Disbursement For: Senate Date of Disbursement this Period City State Zip Code Amount of Each Disbursement this Period City State Zip Code Amount of Each Disbursement this Period City State Disbursement For: President Amount of Each Disbursement this Period Candidate Name Disbursement For: President Category/ Type Amount of Each Disbursement this Period State: Disbursement For: President Disbursement For: President Amount of Each Disbursement this Period State:					0	01		Amou	nt of	Each	Disburser	nent this	Period		
Senate Primary General Other (specify) Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address Purpose of Disbursement Gity State Zip Code South Windsor CT 06074 Purpose of Disbursement Disbursement For: Category/ Type Office Sought: House Disbursement For: State: District: Date of Disbursement Mailing Address Disbursement For: Senate Office Sought: House Disbursement For: State: District: Date of Disbursement Mailing Address City State City State Zip Code Purpose of Disbursement Disbursement For: State: Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Amount of Each Disbursement City State Zip Code Purpose of Disbursement Category/ Type Amount of Each Disbursement this Period Candidate Name Disbursement For: Amount of Each Disbursement this Perio		Candidate Name					y/			,	7	20	0.78		
Full Name (Last, First, Middle Initial) Date of Disbursement Mailing Address City State Zip Code South Windsor CT 06074 Transaction ID : SB21B.4193 Amount of Each Disbursement Bank Service Fee Amount of Each Disbursement this Period 30.73 Office Sought: House Disbursement For: 30.73 Office Sought: House Disbursement For: 30.73 Full Name (Last, First, Middle Initial) Other (specify) Date of Disbursement State: District: Disbursement For: Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Disbursement For: Category/ Type Date of Disbursement City State Zip Code Amount of Each Disbursement this Period Office Sought: House Disbursement For: Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Type Zip Code Office Sought: House Disbursement For: Senate Zip Zip President Other (specify) Superinal Zip Zip		Senate President	Primary												
B. First Niagara Date of Disbursement Mailing Address P. O. Box City State Zip Code South Windsor CT 06074 Purpose of Disbursement Bank Service Fee Category/ Candidate Name Disbursement For: Senate Other (specify) President Disbursement For: Senate Other (specify) Full Name (Last, First, Middle Initial) Date of Disbursement this Period Date of Disbursement City State Zip Code Date of Disbursement Mailing Address Other (specify) Date of Disbursement City State Zip Code Amount of Each Disbursement Purpose of Disbursement Category/ Amount of Each Disbursement City State Zip Code Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Category/ Category/ Office Sought: House Disbursement For: Category/ Category/ Cat															
City State Zip Code South Windsor CT 06074 Purpose of Disbursement Bank Service Fee Candidate Name Candidate Name Office Sought: Bisbursement Bark Service Fee Candidate Name Candidate Name Office Sought: Bisbursement For: State: District: Full Name (Last, First, Middle Initial) Ctiy State: Disbursement City State: Disbursement Candidate Name City State: Disbursement For: Senate Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) State: District: Subtrottal of Disbursements This Page (optional)	В.											YY	Y		
South Windsor CT 06074 Purpose of Disbursement Bank Service Fee Image: Candidate Name Image: Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Image: Category/ Type Image: Cate															
Bank Service Fee Candidate Name Candidate Name Office Sought: Bank Service Fee Candidate Name Category/ Type Office Sought: President Disbursement For: President Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State City State Disbursement Candidate Name Candidate Name Candidate Name Office Sought: House President Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: Category/ Type Office Sought: House Disbursement For: President Office Sought: President Disbursement For: President Office Sought: President Disbursements This Page (optional) Substrate (last page this line number only) Substrate (last page this line number only)		-		•				Trar	sact	ion ID	: SB21B.	4193			
Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Image: Category/ Type State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: Senate President Other (specify) Amount of Each Disbursement this Period Subtrottal of Disbursements This Page (optional)		•			-	-		Amou	at of	Fach	Diebureer	nont this	Period		
Senate President District: Full Name (Last, First, Middle Initial) C. Mailing Address City State City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Senate President Office Sought: House Disbursement For: Senate President Other (specify) Amount of Each Disbursement this Period State: Disbursements This Page (optional)		Candidate Name													
Full Name (Last, First, Middle Initial) Mailing Address City State City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President Other (specify) SUBTOTAL of Disbursements This Page (optional)		Senate	Primary												
C. Date of Disbursement Mailing Address Image: City City State Zip Code Purpose of Disbursement Image: City Candidate Name Category/ Type Amount of Each Disbursement this Period Office Sought: House Disbursement For: Senate General President Other (specify) Image: City 231.51 SUBTOTAL of Disbursements This Page (optional)															
Mailing Address City State Zip Code Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Disbursement For: Senate President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)	C.	Full Name (Last, First, Middle Initial)										V	V		
Purpose of Disbursement Amount of Each Disbursement this Period Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) State: Disbursements This Page (optional)		Mailing Address													
Candidate Name Candidate Name Office Sought: House Disbursement For: Senate President Other (specify)		City	State 2	Zip Code											
Candidate Name Category/ Type Office Sought: House Senate Primary President Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		Purpose of Disbursement													
Senate Primary General President Other (specify) ✓ SUBTOTAL of Disbursements This Page (optional)		Candidate Name					y/	Amou	nt of	Each	Disburser	nent this	Period		
SUBTOTAL of Disbursements This Page (optional)		Senate President	Primary												
TOTAL This Period (last page this line number only)								_	_	_					
	⊢						_	Ļ	-						