

# 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**  
Reclaim Kansas Inc

ADDRESS (number and street) 832 Pennsylvania St.  
Check if different than previously reported. (ACC) Lawrence KS 66044

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C** C00580217 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One)  
(a) Quarterly Reports:  
 April 15 Quarterly Report (Q1)  
 July 15 Quarterly Report (Q2)  
 October 15 Quarterly Report (Q3)  
 January 31 Year-End Report (YE)  
 July 31 Mid-Year Report (Non-election Year Only) (MY)  
 Termination Report (TER)  
(b) Monthly Report Due On:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 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 Y Y in the State of  
(d) 30-Day POST-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on M M / D D / Y Y Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y Y Y through M M / D D / Y Y Y Y Y Y  
11 / 29 / 2016 through 12 / 15 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Rooney, Diana , , ,  
Type or Print Name of Treasurer

Signature of Treasurer Rooney, Diana , , , [Electronically Filed] Date 12 / 19 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Reclaim Kansas Inc

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

|  | COLUMN A<br>This Period               | COLUMN B<br>Calendar Year-to-Date      |
|--|---------------------------------------|--|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2016"/>  | <input type="text" value="43383.96"/> | <input type="text" value="43383.96"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....  | <input type="text" value="3261.84"/>  |  |
| (c) Total Receipts (from Line 19) .....  | <input type="text" value="875.00"/>   | <input type="text" value="96292.67"/>  |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="4136.84"/>  | <input type="text" value="139676.63"/> |
| 7. Total Disbursements (from Line 31).....   | <input type="text" value="4008.49"/>  | <input type="text" value="139548.28"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)).....                         | <input type="text" value="128.35"/>   | <input type="text" value="128.35"/>    |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>     |  |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>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

Write or Type Committee Name

Reclaim Kansas Inc

Report Covering the Period: From: 11 / 29 / 2016 To: 12 / 15 / 2016

| I. Receipts   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | 0.00                          | 10317.62                          |
| (ii) Unitemized .....   | 0.00                          | 0.00                              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶   | 0.00                          | 10317.62                          |
| (b) Political Party Committees .....  | 0.00                          | 0.00                              |
| (c) Other Political Committees (such as PACs).....  | 0.00                          | 82000.00                          |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....  | 0.00                          | 92317.62                          |
| 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                          | 3100.05                           |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | 0.00                          | 0.00                              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | 875.00                        | 875.00                            |
| 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)).....▶                         | 875.00                        | 96292.67                          |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶                                   | 875.00                        | 96292.67                          |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>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 .....   | 4008.49                       | 114548.28                         |
| (c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....                        | 4008.49                       | 114548.28                         |
| 22. Transfers to Affiliated/Other Party Committees.....  | 0.00                          | 0.00                              |
| 23. Contributions to Federal Candidates/Committees and Other Political Committees.....         | 0.00                          | 0.00                              |
| 24. Independent Expenditures (use Schedule E) .....  | 0.00                          | 0.00                              |
| 25. Coordinated Party Expenditures (52 U.S.C. § 30116(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                          | 25000.00                          |
| (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                          | 25000.00                          |
| 29. Other Disbursements (Including Non-Federal Donations).....                                 | 0.00                          | 0.00                              |
| 30. Federal Election Activity (52 U.S.C. § 30101(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)) ..      | 4008.49                       | 139548.28                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 4008.49                       | 139548.28                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

| <b>III. Net Contributions/<br/>Operating Expenditures</b>                            | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....        | 0.00                                  | 92317.62                                  |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                            | 0.00                                  | 25000.00                                  |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....    | 0.00                                  | 67317.62                                  |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... | 4008.49                               | 114548.28                                 |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                 | 0.00                                  | 3100.05                                   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) .....              | 4008.49                               | 111448.23                                 |

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

|   |                              |                                   |  |
|---|------------------------------|-----------------------------------|--|
| Use separate schedule(s) for each category of the Detailed Summary Page |                              | FOR LINE NUMBER: (check only one) | PAGE 6 OF 9                            |
| <input type="checkbox"/> 11a  | <input type="checkbox"/> 11b | <input type="checkbox"/> 11c      | <input type="checkbox"/> 12            |
| <input type="checkbox"/> 13   | <input type="checkbox"/> 14  | <input type="checkbox"/> 15       | <input type="checkbox"/> 16            |
|   |                              |                                   | <input checked="" type="checkbox"/> 17 |

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

NAME OF COMMITTEE (In Full)  
**Reclaim Kansas Inc**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
**Moravac, Mollie, , ,**

Mailing Address 4927 Millridge St

|                 |             |                        |
|-----------------|-------------|------------------------|
| City<br>Shawnee | State<br>KS | Zip Code<br>66226-9752 |
|-----------------|-------------|------------------------|

FEC ID number of contributing federal political committee. **C**

|   |   |
|---|---|
| Name of Employer (for Individual)<br>Reclaim Kansas | Occupation (for Individual)<br>Finance Director |
|---|---|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
875.00

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
| 11  |   | 29  |   | 2016    |

**Transaction ID : VR07RJZ1TH1**

Amount of Each Receipt this Period  
875.00

Memo Item

Purchase of office supplies due to termination of PAC

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

**C.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

|      |       |          |
|------|-------|----------|
| City | State | Zip Code |
|------|-------|----------|

FEC ID number of contributing federal political committee. **C**

|                                   |                             |
|-----------------------------------|-----------------------------|
| Name of Employer (for Individual) | Occupation (for Individual) |
|-----------------------------------|-----------------------------|

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼

Date of Receipt  

|     |   |     |   |         |
|-----|---|-----|---|---------|
| M M | / | D D | / | Y Y Y Y |
|-----|---|-----|---|---------|

Amount of Each Receipt this Period

Memo Item

|   |        |
|---|--------|
| <b>SUBTOTAL</b> of Receipts This Page (optional).....           | 875.00 |
| <b>TOTAL</b> This Period (last page this line number only)..... | 875.00 |

**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)  
**Reclaim Kansas Inc**

**A. Farm Bureau Financial Services**

Full Name (Last, First, Middle Initial)

Mailing Address 7701 E Kellogg Dr  
Ste 460

City Wichita State KS Zip Code 67207-1716

Purpose of Disbursement Insurance

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 01 / 2016

FEC Identification Number: C

Transaction ID : VQZ8GABVD

Amount of Each Disbursement this Period: 59.92

Memo Item

**B. Kansas Department of Revenue**

Full Name (Last, First, Middle Initial)

Mailing Address 915 SW Harrison St

City Topeka State KS Zip Code 66612-1505

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 11 / 29 / 2016

FEC Identification Number: C

Transaction ID : VQZ8GABVE:

Amount of Each Disbursement this Period: 123.00

Memo Item

**C. Kansas Department of Revenue**

Full Name (Last, First, Middle Initial)

Mailing Address 915 SW Harrison St

City Topeka State KS Zip Code 66612-1505

Purpose of Disbursement Taxes

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 12 / 06 / 2016

FEC Identification Number: C

Transaction ID : VQZ8GABVC

Amount of Each Disbursement this Period: 205.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 387.92

**TOTAL** 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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)  
**Reclaim Kansas Inc**

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>A. Moravac, Mollie, , ,</b>   |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>12 / 02 / 2016   |  |
| Mailing Address 4927 Millridge St   |  |                        | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : VQZ8GABX1!</b><br>Amount of Each Disbursement this Period<br>549.80 |  |
| City<br>Shawnee   | State<br>KS  | Zip Code<br>66226-9752 | 001<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Reimbursement for mileage and phone stipend  |  |                        | Memo Item <input type="checkbox"/>   |  |
| Candidate Name  |  |                        |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |  |  |
| State: District:  |  |                        |  |  |

|   |  |                        |   |  |
|---|--|------------------------|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. AT&amp;T</b>   |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>12 / 02 / 2016  |  |
| Mailing Address 208 S Akard St  |  |                        | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : VQZ8GABX1!</b><br>Amount of Each Disbursement this Period<br>80.00 |  |
| City<br>Dallas  | State<br>TX  | Zip Code<br>75202-4295 | 001<br>Category/<br>Type  |  |
| Purpose of Disbursement<br>Reimbursement-Phone Stipend for Moravac  |  |                        | Memo Item <input checked="" type="checkbox"/>   |  |
| Candidate Name  |  |                        |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |   |  |
| State: District:  |  |                        |   |  |

|   |  |                        |  |  |
|---|--|------------------------|--|--|
| Full Name (Last, First, Middle Initial)<br><b>C. Moravac, Mollie, , ,</b>   |  |                        | Date of Disbursement<br>MM / DD / YYYY<br>11 / 30 / 2016   |  |
| Mailing Address 4927 Millridge St   |  |                        | FEC Identification Number<br>C [REDACTED]<br><b>Transaction ID : VQZ8GABX1!</b><br>Amount of Each Disbursement this Period<br>469.80 |  |
| City<br>Shawnee   | State<br>KS  | Zip Code<br>66226-9752 | 001<br>Category/<br>Type   |  |
| Purpose of Disbursement<br>Reimbursement for work related mileage   |  |                        | Memo Item <input checked="" type="checkbox"/>  |  |
| Candidate Name  |  |                        |  |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |                        |  |  |
| State: District:  |  |                        |  |  |

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

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

|            |
|------------|
| 549.80     |
| [REDACTED] |



**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 checked="" type="checkbox"/> 21b | <input type="checkbox"/> 22  | <input type="checkbox"/> 23  | <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)  
**Reclaim Kansas Inc**

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>A. United States Treasury</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>11 / 29 / 2016                |  |
| Mailing Address PO Box 37941  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : VQZ8GABVE</b> |  |
| City<br>Hartford  | State<br>CT  | Zip Code<br>06176-7941  | Amount of Each Disbursement this Period<br>[ ] 1750.25 |
| Purpose of Disbursement<br>Taxes  |  | Category/<br>Type<br>001  | Memo Item <input type="checkbox"/>                     |
| Candidate Name  |  |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State: _____  | District: _____  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>B. United States Treasury</b>   |  | Date of Disbursement<br>MM / DD / YYYY<br>12 / 15 / 2016                |  |
| Mailing Address PO Box 37941  |  | FEC Identification Number<br>C [ ]<br><b>Transaction ID : VQZ8GABVD</b> |  |
| City<br>Hartford  | State<br>CT  | Zip Code<br>06176-7941  | Amount of Each Disbursement this Period<br>[ ] 1209.52 |
| Purpose of Disbursement<br>Taxes  |  | Category/<br>Type<br>001  | Memo Item <input type="checkbox"/>                     |
| Candidate Name  |  |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State: _____  | District: _____  |   |  |

|   |  |   |  |
|---|--|---|--|
| Full Name (Last, First, Middle Initial)<br><b>C.</b>  |  | Date of Disbursement<br>MM / DD / YYYY<br>[ ] / [ ] / [ ] |  |
| Mailing Address   |  | FEC Identification Number<br>C [ ]                        |  |
| City  | State  | Zip Code  | Amount of Each Disbursement this Period<br>[ ] |
| Purpose of Disbursement   |  | Category/<br>Type   | Memo Item <input type="checkbox"/>             |
| Candidate Name  |  |   |  |
| Office Sought:<br><input type="checkbox"/> House<br><input type="checkbox"/> Senate<br><input type="checkbox"/> President | Disbursement For:<br><input type="checkbox"/> Primary <input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |   |  |
| State: _____  | District: _____  |   |  |

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

2959.77

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

3897.49