Image# 12952922114 PAGE 1 / 7

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

									(Office Use C	Only	
1.	NAME OF COMMITTEE (in fu		PE OR PRI	NT ▼		nple: If typi the lines.	ng, type	12FE	4M5			
N	ational Organiz	zation to l	Regain	the Majority	/							1
ADI	DRESS (number and		03 Stewart	Street #819								
H	Check if differ	ent										
L	than previously reported. (ACC		Seattle					WA		98101		
2.	FEC IDENTIFICAT	TION NUME	SER ▼	CIT	Y 🛦			STATE 🛦		ZIF	COE	DE ▲
	C C00450700			3. IS RE	THIS EPORT	\ \ \	NEW (N) OR		AME (A)	NDED		
4.	TYPE OF REPO	ORT	(b) Monthly Report		20 (M2)		May 20 (M5)		Aug 20) (M8)		Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Repo	rts:	Due O	Mar :	20 (M3)		Jun 20 (M6)	×	Sep 20			Dec 20 (M12) (Non-Election Year Only)
	April 15			Apr 2	20 (M4)	Ш	Jul 20 (M7)	Ш	Oct 20	(M10)	Ш	Jan 31 (YE)
	July 15	Quarterly Report (Q1) July 15 Quarterly Report (Q2)		2-Day RE -Election		Primary (12F	P)	Gei	neral (12	2G)		Runoff (12R)
	October 1		R	eport for the:		Convention ((12C)	Spe	ecial (12	S)		
	January 3	Report (Q3) 1 Report (YE)		Election	n on	M = M /	D D /	YIYI	Y		the ate of	
	July 31 M	id-Year on-election	P	D-Day OST-Election		General (300	G)	Rui	noff (30F	R)] :	Special (30S)
	Terminatio (TER)	n Report	R	eport for the: Electior	n on	M = M /	D D /	Y	Y		the ate of	
5.	Covering Period	M M 08	/ D D D 01	2012	Y	through	M M 08	/ D 31	D /	2012	Y	
l ce	ertify that I have exa	mined this F	eport and	to the best of	my know	rledge and	belief it is tru	ue, corre	ct and o	complete.		
Тур	e or Print Name of	Treasurer <u>I</u>	Philip E Llo	yd								
Sig	nature of Treasurer	Philip E I	loyd		I	Electronicall	y Filed] [Date	M M M	17	/	2012
NO [.]	TE: Submission of fal	se, erroneous	, or incom	plete information	may sub	ject the per	son signing t	his Repor	t to the	penalties of	of 2 U	.S.C. §437g.
I	Office Use Only									FEC F	ORI 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

National Organization to Regain the Majority

Report Covering the Period: From: 08 01 2012 To: 08 31 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		52109.35
	(b) Cash on Hand at Beginning of Reporting Period	45077.21	
	(c) Total Receipts (from Line 19)	5000.00	62000.00
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	50077.21	114109.35
7.	Total Disbursements (from Line 31)	174.00	64206.14
3.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	49903.21	49903.21
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

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

National Organization to Regain the Majority

	COLUMN A	COLUMN B		
I. Receipts	Total This Period	Calendar Year-to-Date		
ntributions (other than loans) From:	·			
Individuals/Persons Other				
Than Political Committees		7500.00		
(i) Itemized (use Schedule A)	0.00	7500.00		
(ii) Unitemized	0.00	0.00		
(iii) TOTAL (add				
Lines 11(a)(i) and (ii)▶	0.00	7500.00		
Political Party Committees	0.00	0.00		
Other Political Committees	5000.00			
(such as PACs)	5000.00	54500.00		
Total Contributions (add Lines				
11(a)(iii), (b), and (c)) (Carry				
Totals to Line 33, page 5)▶	5000.00	62000.00		
nsfers From Affiliated/Other				
ty Committees	0.00	0.00		
Loans Received	0.00	0.00		
n Renayments Received	0.00	0.00		
	7	7 7		
· · · · · · · · · · · · · · · · · · ·	0.00	0.00		
	7	7		
	0.00	0.00		
	0.00	7		
	0.00	0.00		
·	0.00	0.00		
	0.00	0.00		
(IIOIII Scriedule 113)	0.00	0.00		
	0.00			
Levin Funds (from Schedule H5)	0.00	0.00		
Total Transfers (add 18(a) and 18(b))	0.00	0.00		
	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

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:	iotai iilis reliuu	Calcilual Teaf-10-Date		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
(ii) N 5 1 101	0.00	0.00		
(ii) Non-Federal Share(b) Other Federal Operating	0.00	0.00		
(b) Other Federal Operating Expenditures	174.00	12306.14		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))▶	174.00	12306.14		
Transfers to Affiliated/Other Party				
CommitteesContributions to	0.00	0.00		
Federal Candidates/Committees	0.00	51000 00		
and Other Political Committees	0.00	51000.00		
Independent Expenditures (use Schedule E)	0.00	0.00		
Coordinated Party Expenditures				
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
	2.22	0.00		
Loans MadeRefunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00		
man Folitical Committees	0.00			
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees				
(such as PACs)	0.00	0.00		
(1) T. (10) (1) (1) (2)				
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))▶	0.00	0.00		
(add Lines 20(a), (b), and (c))				
Other Disbursements	0.00	900.00		
Federal Election Activity (2 U.S.C. §431(20))				
(a) Allocated Federal Election Activity				
(from Schedule H6)	0.00	0.00		
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Paid Entirely	7			
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		
Table Birth and a second of the second of th				
Total Disbursements (add Lines 21(c), 22,	474.00	2:222		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	174.00	64206.14		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	174.00	64206.14		

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	
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	62000.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	62000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	174.00	12306.14	
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00	
3. Net Operating Expenditures (subtract Line 37 from Line 36)	174.00	12306.14	

SCHEDULE A (FEC Form 3X) TEMIZED RECEIPTS		Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: PAGE 6 OF 7 (check only one) 11a 11b X 11c 12 13 14 15 16 17	
or for commercial purposes, other than using t			erson for the purpose of soliciting contributions to solicit contributions from such committee.	
Name of committee (In Full) National Organization to Rega	in the Maj	ority		
Full Name (Last, First, Middle Initial) INTERNATIONAL BROTHERHOOD OF ELECTRIC Mailing Address 900 SEVENTH ST, NW	Date of Receipt			
City WASHINGTON	State DC	Zip Code 20001	08 21 2012 Transaction ID : SA11C.5099 Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.	C co	0027342	5000.00	
Name of Employer	Occupation	1	Contribution	
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼ 5000.00		
Full Name (Last, First, Middle Initial) 3			Date of Receipt	
			M = M / D = D / Y = Y = Y	
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 ▼		
Full Name (Last, First, Middle Initial)	Full Name (Last, First, Middle Initial)			
Mailing Address	M = M / D = D / Y = Y = Y			
City	State	Zip Code	Amount of Each Receipt this Period	
FEC ID number of contributing federal political committee.				
Name of Employer Occupation		1		
Receipt For: Primary General Other (specify) ▼	Aggregate	Year-to-Date ▼		
SUBTOTAL of Receipts This Page (optional).			5000.00	

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

5000.00

Use separtae schedule(s) for each category of the Detailed Summary Page Separtae schedule(s) Summary Page Summary Page	S	CHEDULE B (FEC Form 3X)		FOR LINE	FOR LINE NUMBER: PAGE 7 OF 7				
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) National Organization to Regain the Majority Full Name (Last, First, Middle Initial) A. Project Accounting Services Mailing Address 603 Siewart Street #819 City State Zip Code South WA 89101 Purpose of Disbursement Accounting Compliance Candidate Name Office Sought: House Disbursement For: 2012 Servate President Disbursement Candidate Name Office Sought: House Disbursement For: 2012 State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Office Sought: House Senate President Other (specify) State: District: Subtrotal of Disbursement This Page (optional) Tanastron District: Subtrotal of Disbursement This Page (optional) Tanastron District Tanastron District Transaction ID: \$8218, 5101 Amount of Each Disbursement this Period Category/ Type	ITEMIZED DISBURSEMENTS			(check only	one)				
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) National Organization to Regain the Majority Full Name (Last, First, Middle Initial) A Project Accounting Services Mailing Address 603 Stewart Street #819 City State Zip Code Seattle WA 98101 Purpose of Disbursement Accounting/Compliance Candidate Name Category/ Type State: Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General									
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 Fail) National Organization to Regain the Majority Full Name (Last, First, Middle Initial) A. Project Accounting Services Mailing Address 633 Stewart Street #819 City State Zip Code Seattle WA 98101 Purpose of Disbursement Accounting Compliance Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: 2012 State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Disbursement For: Gategory/ Type Office Sought: District: President Disbursement For: Category/ Type Office Sought: District: President Disbursement For: Category/ Type Office Sought: District: Primary General Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Date of Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Disbursement For: Category/ Type Office Sought: Primary General Other (specify) ▼ State: District: Primary General Other (specify) ▼	Λ -	y information conicd from such December and Older	anto movement he salal source						
National Organization to Regain the Majority Full Name (Last, First, Middle Initial) A. Project Accounting Services Mailing Address City State Zip Code WA 99101 Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: House President President Other (specify) ▼ State: Disbursement For: 2012 Senate President Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Office Sought: House Senate President Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House Disbursement For: Category/ Other (specify) ▼ Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: House District Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House District Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Primary General									
Full Name (Last, First, Middle Initial) A. Project Accounting Services Mailing Address 603 Stewart Street #819 City State Zip Code WA 98101 Priprose of Disbursement Accounting/Compliance Candidate Name Candidate Name City State Zip Code President Joshursement Init Period Amount of Each Disbursement Init Period District Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Office Sought: House Primary General Prim	$\overline{\ }$	NAME OF COMMITTEE (In Full)							
A Project Accounting Services Mailing Address 603 Stewart Street #819 City State Zip Code WA 98101 Purpose of Disbursement Accounting/Compliance Candidate Name City Senate President State Primary General Primary Gene	\rangle		e Majority						
Mailing Address 603 Stewart Street #819	_		D : (D:)						
Amount of Each Disbursement this Period Category/ Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: House Primary General Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name Office Sough: House Disbursement For: 2012 Purpose of Disbursement	Α.	Project Accounting Services							
Seatle		Mailing Address 603 Stewart Street #819							
Seate Purpose of Disbursement Accounting/Compliance Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President State: District: State: District: Amount of Each Disbursement this Period Calegory/ Type Office Sought: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Calegory/ Type Office Sought: Senate President Other (specify) ▼ State: District: City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Other (specify) ▼ Date of Disbursement Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement this Period Category/ Type Office Sought: House Other (specify) ▼ Date of Disbursement this Period		-	·		Transaction ID	. CP21P 5101			
Accounting/Compliance Candidate Name Category/ Type Office Sought:		- Coamb	WA 98101		Transaction ib	7. 30210.3101			
Office Sought: House Senate President State: District: Senate President State: District: Other (specify) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: Senate Senate President State: District: Senate Senat		Accounting/Compliance			Amount of Each	Disbursement this Period			
Office Sought:		Candidate Name				174.00			
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House President Primary General Primary General President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement For: General Primary General President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President State: District: General Primary General President State: District: Thouse Senate President State: District: Thouse Senate Primary General Primary General Primary General President State: District: This Page (optional)		Office Sought: House Disbursen	nent For: 2012	Type	7	7			
State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House President Other (specify) Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Category/ Type Office Sought: Other (specify) Amount of Each Disbursement this Period Date of Disbursement Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substract: Disbursement This Page (optional)									
B. Date of Disbursement			Other (specify) ▼						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Purpose of Disbursement City State Zip Code Purpose of Disbursement For: Senate Primary General Other (specify) ▼ Date of Disbursement this Period Category/ Type Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substrate: Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrate: District: 174.00									
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate President Other (specify) ▼ Full Name (Last, First, Middle Initial) Candidate Name Category/ Type Other (specify) ▼ Date of Disbursement Candidate Name Candidate Name Candidate Name Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Date of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	Б	Full Name (Last, First, Middle Initial)			Data of Dishama				
City State Zip Code Purpose of Disbursement Candidate Name City State Zip Code Purpose of Disbursement Candidate Name City State Disbursement For: Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substortal of Disbursements This Page (optional)	В.								
Purpose of Disbursement Candidate Name Category/ Type Office Sought:		Mailing Address	M M / D	D / Y Y Y Y					
Purpose of Disbursement Candidate Name Category/ Type Office Sought:									
Candidate Name Category/ Type		City	State Zip Code						
Candidate Name Category/ Type Office Sought:		Purpose of Disbursement							
Office Sought: House Senate President State: District: Date of Disbursement For: Senate President State: District: Primary General Other (specify) President State: District: Primary General Other (specify) President State: District: Primary General Other (specify) Purpose of Disbursement Primary General Other (specify) Primar				Amount of Each	Disbursement this Period				
Office Sought: House Senate Primary General Other (specify) State: District: District: Date of Disbursement Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) Office Sought: District: Distr		Candidate Name							
Senate President Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Primary General Other (specify) Senate Primary General Other (specify) State: District: SUBTOTAL of Disbursements This Page (optional)		Office Sought: House Dichurcen	ent For:	Type					
State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Substate: District: District: 174.00									
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substotal of Disbursements This Page (optional)			·						
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtotal of Disbursements This Page (optional)									
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substruct: Substruct Subst		Full Name (Last, First, Middle Initial)							
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)	C.				Date of Disburse	ement			
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Substitute State State State State Senate Other (specify) State: Disbursements This Page (optional)		Mailing Address	M M / D	D / Y Y Y Y					
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)		walling Address							
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional)		City	State Zip Code						
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substitution Of Disbursements This Page (optional)		Purpose of Disbursement							
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Substitution Of Disbursements This Page (optional)			Amount of Each	Disbursement this Period					
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ Subtrotal of Disbursements This Page (optional)		Candidate Name	Category/ Type						
State: District: Other (specify) SUBTOTAL of Disbursements This Page (optional)		Office Sought: House Disbursen	nent For:			7			
State: District: SUBTOTAL of Disbursements This Page (optional)									
SUBTOTAL of Disbursements This Page (optional)			Other (specify) ▼						
SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)		State: District:							
SUBTOTAL OF DISDUISEMENTS THIS Page (Optional)						174.00			
TOTAL This Period (last page this line number only)	S	UBTOTAL of Disbursements This Page (optional)		·····•		174.00			
	-	OTAL This Period (last nego this line number and)		_		174.00			