

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**
BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

ADDRESS (number and street) **1133 SW TOPEKA BLVD.**
CC:855 - B3
 Check if different than previously reported. (ACC) **TOPEKA KS 66629**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00197202 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 / / in the State of
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / 2019 through / / 2019

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 **Droge, Jason, J, ,**

Signature of Treasurer **Droge, Jason, J, ,** [Electronically Filed] Date / / 2019

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

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2019"/>		28530.73
(b) Cash on Hand at Beginning of Reporting Period.....	28530.73	
(c) Total Receipts (from Line 19)	4334.87	4334.87
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	32865.60	32865.60
7. Total Disbursements (from Line 31).....	4639.00	4639.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	28226.60	28226.60
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

Write or Type Committee Name

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	2870.05	2870.05
(ii) Unitemized	1444.50	1444.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	4314.55	4314.55
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4314.55	4314.55
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	20.32	20.32
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)).....▶	4334.87	4334.87
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	4334.87	4334.87

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	35.00	35.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	35.00	35.00
22. Transfers to Affiliated/Other Party Committees.....	4104.00	4104.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	500.00
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	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (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)) ..	4639.00	4639.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4639.00	4639.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	4314.55	4314.55
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4314.55	4314.55
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	35.00	35.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	35.00	35.00

**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 11
<input checked="" 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 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)
BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

A. All, Matthew, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 403 Lawrence Ave
 City Lawrence State KS Zip Code 66046
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) President & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.5103
 Amount of Each Receipt this Period 325.00
 Memo Item
 \$25 per pay period for 13 periods.

B. Daoust, Paula, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4501 N. 111th St.
 City Kansas City State KS Zip Code 66109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director, Workforce & Leadership
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.5107
 Amount of Each Receipt this Period 260.00
 Memo Item
 \$20 per pay period for 13 periods.

C. Doty, Rusty, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4611 SE Paulen Rd
 City Berryton State KS Zip Code 66409
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) VP Operations & Ind Sales, COO
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 260.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.5111
 Amount of Each Receipt this Period 260.00
 Memo Item
 \$20 per pay period for 13 periods.

SUBTOTAL of Receipts This Page (optional).....	845.00
TOTAL This Period (last page this line number only).....	

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

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

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NAME OF COMMITTEE (In Full)
BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

A. Mason, Treena, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3633 Buck Brush Ct
 City Lawrence State KS Zip Code 66049
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) VP Group Sales & CMO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.5115
 Amount of Each Receipt this Period 325.00
 Memo Item
 \$25 per pay period for 13 periods.

B. McHenry, Mischa, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 3314 SE 23rd Terr
 City Topeka State KS Zip Code 66605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Director IS Services
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 325.00

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.5105
 Amount of Each Receipt this Period 325.00
 Memo Item
 \$25 per pay period for 13 periods.

C. Palenske, Frederick, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6225 Vorse Rd
 City Auburn State KS Zip Code 66402
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) BCBSKS Occupation (for Individual) Sr VP Prov & Government Affairs
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 375.05

Date of Receipt 06 / 30 / 2019
Transaction ID : SA11AI.5097
 Amount of Each Receipt this Period 375.05
 Memo Item
 \$28.85 per pay period for 13 periods.

SUBTOTAL of Receipts This Page (optional).....	1025.05
TOTAL This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
<input checked="" 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 type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Simmons, Ronald, , ,

Mailing Address 3303 NW Bent Tree Lane

City Topeka	State KS	Zip Code 66618
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) BCBSKS	Occupation (for Individual) VP Finance/CFO
---------------------------------------------	-----------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
06	/	30	/	2019

Transaction ID : SA11A1.5110

Amount of Each Receipt this Period
1000.00

Memo Item
\$100 per pay period for 10 periods.

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

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	2870.05

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input checked="" 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)

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

Full Name (Last, First, Middle Initial)

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
01		03		2019

Mailing Address 1310 G STREET NW

FEC Identification Number

C

Transaction ID : SB22.5120
Amount of Each Disbursement this Period

684.00

Memo Item

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Monthly Contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02		01		2019

Mailing Address 1310 G STREET NW

FEC Identification Number

C

Transaction ID : SB22.5121
Amount of Each Disbursement this Period

684.00

Memo Item

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Monthly Contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Full Name (Last, First, Middle Initial)

C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		04		2019

Mailing Address 1310 G STREET NW

FEC Identification Number

C

Transaction ID : SB22.5122
Amount of Each Disbursement this Period

684.00

Memo Item

City WASHINGTON State DC Zip Code 20005

Purpose of Disbursement
Monthly Contribution

Category/ Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

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

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

2052.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**

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

FOR LINE NUMBER: (check only one)

<input type="checkbox"/> 21b	<input checked="" 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)

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

Full Name (Last, First, Middle Initial)

A. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Monthly Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
04		01		2019

FEC Identification Number

C

Transaction ID : SB22.5117

Amount of Each Disbursement this Period

684.00

Memo Item

Full Name (Last, First, Middle Initial)

B. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Monthly Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
05		02		2019

FEC Identification Number

C

Transaction ID : SB22.5118

Amount of Each Disbursement this Period

684.00

Memo Item

Full Name (Last, First, Middle Initial)

C. BLUEPAC - BLUE CROSS BLUE SHIELD ASSOCIATION PAC

Mailing Address 1310 G STREET NW

City
WASHINGTON

State
DC

Zip Code
20005

Purpose of Disbursement
Monthly Contribution

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Category/
Type

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
06		04		2019

FEC Identification Number

C

Transaction ID : SB22.5119

Amount of Each Disbursement this Period

684.00

Memo Item

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

2052.00

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

4104.00

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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)

BLUE CROSS AND BLUE SHIELD OF KANSAS, INC. EMPLOYEE PAC

Full Name (Last, First, Middle Initial)

A. ESTES, RON, , ,

Mailing Address 12224 E. BRACKEN CT

City
WICHITA

State
KS

Zip Code
67206

Purpose of Disbursement
Contribution to Campaign

Candidate Name

ESTES, RON, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2020
 Primary General
 Other (specify) ▼

State: KS District: 04

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		22		2019

FEC Identification Number

C H8KS04112

Transaction ID : SB23.5128

Amount of Each Disbursement this Period

500.00

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

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

500.00

500.00