

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

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="2016"/>	<input type="text" value="16167.57"/>	<input type="text" value="16167.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="16167.57"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="9582.00"/>	<input type="text" value="9582.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="25749.57"/>	<input type="text" value="25749.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="10000.00"/>	<input type="text" value="10000.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="15749.57"/>	<input type="text" value="15749.57"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

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).....	8862.00	8862.00
(ii) Unitemized	720.00	720.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	9582.00	9582.00
(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)	9582.00	9582.00
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 (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.).....	0.00	0.00
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))..... ▶	9582.00	9582.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	9582.00	9582.00

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
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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	10000.00	10000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. 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	0.00
(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)) ..	10000.00	10000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	10000.00	10000.00

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
33. Total Contributions (other than loans) (from Line 11(d), page 3)	9582.00	9582.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	9582.00	9582.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 12
<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)
21st Century Oncology, Inc. Political Action Committee

A. Dr Christopher Chen
 Full Name (Last, First, Middle Initial)
 Mailing Address 1010 SEMINOLE DRIVE
 APT 1107
 City State Zip Code
 FORT LAUDERDALE FL 33304-3220
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology, LLC Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1152.00

Date of Receipt
 03 / 31 / 2016
Transaction ID : PR1567028840717
 Amount of Each Receipt this Period
 1152.00
 Memo Item
 P/R Deduction (\$192.00 Bi-Weekly)

B. Mr. DAVID E. LEE
 Full Name (Last, First, Middle Initial)
 Mailing Address 9741 Mar Largo Circle
 City State Zip Code
 Fort Myers FL 33919-7325
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology, LLC Physician Assistant
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 300.00

Date of Receipt
 03 / 31 / 2016
Transaction ID : PR1567085140717
 Amount of Each Receipt this Period
 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. Mrs. VICTORIA DANTON
 Full Name (Last, First, Middle Initial)
 Mailing Address 1409 Davis Drive
 City State Zip Code
 Fort Myers FL 33919-1069
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology Services, Inc Director of Revenue Integrity
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 450.00

Date of Receipt
 03 / 31 / 2016
Transaction ID : PR1580095140717
 Amount of Each Receipt this Period
 450.00
 Memo Item
 P/R Deduction (\$75.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1902.00
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 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
21st Century Oncology, Inc. Political Action Committee

A. QUINTEN CURTIS BLACK MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1404 Kenton Lane
 City Asheville State NC Zip Code 28803-2468
 FEC ID number of contributing federal political committee. **C**
 Name of Employer RTA of Western NC, PA Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 480.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1580879440717
 Amount of Each Receipt this Period 480.00
 Memo Item
 P/R Deduction (\$80.00 Bi-Weekly)

B. Mark Robert Jones MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 1400 LONG RUN ROAD
 City LOUISVILLE State KY Zip Code 40245-4334
 FEC ID number of contributing federal political committee. **C**
 Name of Employer 21st Century Oncology of Kentucky (KEN) Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1580886840717
 Amount of Each Receipt this Period 300.00
 Memo Item
 P/R Deduction (\$50.00 Bi-Weekly)

C. TAM NGUYEN MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2798 Bellini Road
 City Henderson State NV Zip Code 89052-3118
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Michael J. Katin, MD, PC - MJK Occupation Medical Doctor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 31 / 2016
Transaction ID : PR1580891940717
 Amount of Each Receipt this Period 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1380.00
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 8 OF 12
<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)
21st Century Oncology, Inc. Political Action Committee

A. Dr Patrick Michael Francke
 Full Name (Last, First, Middle Initial)
 Mailing Address 7 Winnebago Road
 City State Zip Code
 Sea Ranch Lakes FL 33308-2305
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Carolina Regional Cancer Center, LLC Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 240.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : PR1633307940717
 Amount of Each Receipt this Period
 240.00
 Memo Item
 P/R Deduction (\$40.00 Bi-Weekly)

B. Dr Keith Lawrence Miller
 Full Name (Last, First, Middle Initial)
 Mailing Address 12731 Terabella Way
 City State Zip Code
 Fort Myers FL 33912-0910
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology, LLC Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 900.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : PR1692755740717
 Amount of Each Receipt this Period
 900.00
 Memo Item
 P/R Deduction (\$150.00 Bi-Weekly)

C. Dr. Dwight Fitch
 Full Name (Last, First, Middle Initial)
 Mailing Address 9122 16th Ave Circle, NW
 City State Zip Code
 Bradenton FL 34209-8133
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 21st Century Oncology, LLC Medical Doctor
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 03 / 31 / 2016
Transaction ID : PR2127270540717
 Amount of Each Receipt this Period
 600.00
 Memo Item
 P/R Deduction (\$100.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1740.00
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 9 OF 12
<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)
21st Century Oncology, Inc. Political Action Committee

A. Brian P Quaranta MD
Full Name (Last, First, Middle Initial)

Mailing Address 100 Vista Lake Drive
Apt 108

City Candler State NC Zip Code 28715-5103

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

Name of Employer Radiation Therapy Associates of Wester
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2127272440717

Amount of Each Receipt this Period
240.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

B. Dr. Peter Greenberg
Full Name (Last, First, Middle Initial)

Mailing Address 77-840 Flora Rd

City Palm Desert State CA Zip Code 92211-4109

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

Name of Employer 21st Century Oncology of California, P
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1200.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2366842340717

Amount of Each Receipt this Period
1200.00

Memo Item

P/R Deduction (\$200.00 Bi-Weekly)

C. Dr David Horvick
Full Name (Last, First, Middle Initial)

Mailing Address 953 Creek Rock Rd

City Bel Air State MD Zip Code 21014

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

Name of Employer 21st Century Onc of Harford County, Ma
Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt
03 / 31 / 2016
Transaction ID : PR2366842540717

Amount of Each Receipt this Period
300.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1740.00
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 10 OF 12
<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)
21st Century Oncology, Inc. Political Action Committee

A. Marc A. Melser MD
Full Name (Last, First, Middle Initial)

Mailing Address 27090 Harbor Oaks Boulevard

City Punta Gorda	State FL	Zip Code 33983-6507
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor - Urologist
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR2412064440717

Amount of Each Receipt this Period
600.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

B. Robert L. Long
Full Name (Last, First, Middle Initial)

Mailing Address 909 Mar Walt Drive

City Fort Walton Beach	State FL	Zip Code 32547-6635
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR2492181540717

Amount of Each Receipt this Period
600.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

C. Rie Alhara
Full Name (Last, First, Middle Initial)

Mailing Address 14270 Royal Harbor

City Fort Myers	State FL	Zip Code 33908-6503
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FEC ID number of contributing federal political committee. **C**

Name of Employer 21st Century Oncology, LLC	Occupation Medical Doctor
--	------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR2497582240717

Amount of Each Receipt this Period
300.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	1500.00
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: PAGE 11 OF 12
(check only one)

<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)
21st Century Oncology, Inc. Political Action Committee

A. Full Name (Last, First, Middle Initial)
Kevin J. Kerlin

Mailing Address 904 Mill Rd

City Goldsboro State NC Zip Code 27534-8951

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

Name of Employer Radiation Therapy Associates of Wester Occupation Medical Doctor

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	31	/	2016

Transaction ID : PR2598671240717

Amount of Each Receipt this Period
600.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	600.00
TOTAL This Period (last page this line number only).....▶	8862.00

**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"/> 24	<input type="checkbox"/> 25	<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)
21st Century Oncology, Inc. Political Action Committee

Full Name (Last, First, Middle Initial)

A. Strickland For Senate

Mailing Address PO Box 2196

City Columbus State OH Zip Code 43216

Purpose of Disbursement
Contribution

011

Candidate Name

Ted Strickland

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: OH District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 39060689

Amount of Each Disbursement this Period

5000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

B. Kaine For Virginia

Mailing Address 1751 Potomac Greens Drive

City Alexandria State VA Zip Code 22314

Purpose of Disbursement
Contribution

011

Candidate Name

Sen. Tim Kaine

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: VA District:

Date of Disbursement

MM / DD / YYYY
02 / 03 / 2016

Transaction ID : 39060690

Amount of Each Disbursement this Period

5000.00

Memo Item
Contribution

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

Amount of Each Disbursement this Period

Memo Item

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

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

10000.00

10000.00