#### 06/15/2016 12 : 43

Image# 201606159017909206					PAGE 1 / 7
	PORT OF R D DISBURS Other Than An Authori	EMENTS		Office	Use Only
	OR PRINT V	Example: If typing,	, type 1	2FE4M5	·
		over the lines.			
Daines Montana Victory C					
ADDRESS (number and street)	9 Box 1618				
Check if different					
than previously He reported. (ACC)	elena			MT 596	824
2. FEC IDENTIFICATION NUMBE	R▼ CITY▲		ST	ATE 🔺	ZIP CODE
C C00506865	3. IS TH REPC			AMENDE (A)	D
<ul> <li>4. TYPE OF REPORT (Choose One)</li> <li>(a) Quarterly Reports:</li> <li>April 15 Quarterly Report (Q1)</li> <li>July 15 Quarterly Report (Q2)</li> <li>October 15 Quarterly Report (Q3)</li> <li>January 31 Year-End Report (YE)</li> <li>July 31 Mid-Year</li> </ul>	) Monthly Report Due On: (c) 12-Day PRE-Election Report for the: Election on	M3) X Jur M4) Jul Primary (12P) Convention (12		Aug 20 (Ma Sep 20 (Ma Oct 20 (M1 General (12G) Special (12S)	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Report (Non-election Year Only) (MY)	(d) 30-Day <b>POST</b> -Election Report for the:	General (30G)		Runoff (30R)	Special (30S)
Termination Report (TER)	Election on	M M /	D D / Y	Y Y Y	in the State of
5. Covering Period 05	01 / Y Y Y Y 01 2016	through	05		2016
I certify that I have examined this Re		knowledge and be	lief it is true,	correct and comp	olete.
Type or Print Name of Treasurer St	hirley J Warehime				
Signature of Treasurer	arehime	[Electronically F	<i>Tiled]</i> Dat		07 / Y Y Y Y 2016
NOTE: Submission of false, erroneous,	or incomplete information ma	y subject the persor	n signing this	Report to the pena	alties of 2 U.S.C. §437g.
Office Use Only				FE	C FORM 3X Rev. 12/2004

#### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

	FEC Form 3X (Rev. 02/2003)	OF RECEIPTS AND DISBURSEMENTS	Page <b>2</b>
V	Vrite or Type Committee Name		
	Daines Montana Victory Committe	96	
F	Report Covering the Period: From:	05 / 01 / Y Y Y Y 2016 To:	05 / D D / Y Y Y Y 05 31 2016
		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2016		10202.16
	(b) Cash on Hand at Beginning of Reporting Period	10231.00	
	(c) Total Receipts (from Line 19)	0.00	35400.00
	<ul> <li>(d) Subtotal (add Lines 6(b) and</li> <li>6(c) for Column A and Lines</li> <li>6(a) and 6(c) for Column B)</li> </ul>	10231.00	45602.16
7.	Total Disbursements (from Line 31)	1026.08	36397.24
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	9204.92	9204.92
9.	Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed <b>BY</b> 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

# Daines Montana Victory Committee

Report Covering the Period: From: 05							
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
Contributions (other than loans) From:							
(a) Individuals/Persons Other							
Than Political Committees	0.00	35400.00					
(i) Itemized (use Schedule A)		33400.00					
(ii) Unitemized	0.00	0.00					
(iii) TOTAL (add							
Lines 11(a)(i) and (ii)	0.00	35400.00					
(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		25400.00					
Totals to Line 33, page 5)▶	0.00	35400.00					
Transfers From Affiliated/Other	0.00	0.00					
Party Committees	0.00	0.00					
All Loans Received	0.00	0.00					
Loop Dopovranta Dopovrad	0.00	0.00					
Loan Repayments Received Offsets To Operating Expenditures		7 7					
(Refunds, Rebates, etc.)							
(Carry Totals to Line 37, page 5)	0.00	0.00					
Refunds of Contributions Made	7 7	7 7					
to Federal Candidates and Other							
Political Committees	0.00	0.00					
Other Federal Receipts							
(Dividends, Interest, etc.)	0.00	0.00					
Transfers from Non-Federal and Levin Funds							
(a) Non-Federal Account							
(from Schedule H3)	0.00	0.00					
	0.00						
(b) Levin Funds (from Schedule H5)	0.00	0.00					
	0.00						
(c) Total Transfers (add 18(a) and 18(b))	0.00	0.00					
Total Receipts (add Lines 11(d),							
12, 13, 14, 15, 16, 17, and 18(c)) ►	0.00	35400.00					

20. Total Federal Receipts (subtract Line 18(c) from Line 19)......▶





Page 3

I

# DETAILED SUMMARY PAGE

of Disbursements

	<b>(</b> (Rev. 02/2003)		Page 4
II. Disb	ursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expendi (a) Allocated Fed Activity (from	itures: eral/Non-Federal Schedule H4)		
•	Share	0.00	0.00
( )	eral Share	0.00	0.00
(b) Other Federal Expenditures	I Operating	1026.08	17647.24
(c) Total Operatin	ng Expenditures		
(add 21(a)(i), Transfers to Affiliat	(a)(ii), and (b))▶ ted/Other Party	1026.08	17647.24
		0.00	18750.00
Federal Candidate and Other Political	I Committees	0.00	0.00
Independent Experience (use Schedule E).	nditures Expenditures	0.00	0.00
(2 U.S.C. §441a(d) (use Schedule F).	))	0.00	0.00
Loan Repayments	Made	0.00	0.00
Loans Made		0.00	0.00
Refunds of Contrib (a) Individuals/Pe Than Political		0.00	0.00
(b) Political Party	Committees	0.00	0.00
(c) Other Political	I Committees	0.00	0.00
(such as PAC	S)	7 7 7	
(d) Total Contribu	ition Refunds 3(a), (b), and (c))▶	0.00	0.00
(auu Lines 20	p(a), (0), anu (0)) ►		
Other Disburseme	nts	0.00	0.00
(a) Allocated Fed	ctivity (2 U.S.C. §431(20)) leral Election Activity		
(from Schedul (i) Federal Sh	аre	0.00	0.00
(ii) "Levin" Sh	are	0.00	0.00
(b) Federal Electi	on Activity Paid Entirely	0.00	0.00
(c) Total Federal	Election Activity (add ), 30(a)(ii) and 30(b))►	0.00	0.00
	tts (add Lines 21(c), 22, , 28(d), 29 and 30(c))	1026.08	36397.24
Total Federal Disb			
	a)(ii) and Line 30(a)(ii)	1026.08	36397.24

L

### DETAILED SUMMARY PAGE

of Disbursements

II. Net Contributions/Operating Ex- penditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date					
. Total Contributions (other than loans) (from Line 11(d), page 3)	0.00	35400.00					
. Total Contribution Refunds (from Line 28(d))	0.00	0.00					
. Net Contributions (other than loans) (subtract Line 34 from Line 33)	0.00	35400.00					
Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))►	1026.08	17647.24					
Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00					
. Net Operating Expenditures (subtract Line 37 from Line 36)	1026.08	17647.24					

FE6AN026

## :97 `A=G79 @@5 B9CIG`H9LH`F9 @5 H98 `HC`5 `F9DCFHžG7<98 I@9 `CF`=H9A=N5 H=CB

Form/Schedule: F3XN Transaction ID :

BEST EFFORTS: Our original solicitation includes a clear and conspicuous request for contributor information and informs the contributor of the requirements of federal law for the reporting of such information. If the information is not provided, we make one follow-up, stand-alone effort to obtain this information, regardless of whether the contribution was solicited or not. This effort occurs no later than 30 days after receipt of the contribution and is in the form of a written request. The follow-up request clearly asks for the missing information, without soliciting a contribution; informs the contributor of the requirements of federal law for reporting such information; and is in the form of a postage-paid, pre-addressed postcard. Follow-up phone calls are also made to try to obtain the information. INFORMATION REQUESTED: indicates that our best efforts procedure has been followed. If self-employed, or partial work information is listed, it is the information that was provided by the contributor in response to our request.

Form/Schedule: Transaction ID:

Direction Call Call Call Call Control Press       21b       22       23       24       25       26       30b         Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting committee.       28b       20b       20b       20b       20b </th <th></th> <th>CHEDULE B (FEC Form 3X)</th> <th></th> <th>-</th> <th></th> <th>NUMBER:</th> <th></th> <th></th> <th>PA</th> <th>GE</th> <th>7 (</th> <th>DF 7</th>		CHEDULE B (FEC Form 3X)		-		NUMBER:			PA	GE	7 (	DF 7				
ar for commercial puppese, other than using the name and address of any political committee to solicit contributions from such committee. NAME OF COMMITTEE (in Full) Daines Montana Victory Committee Full Name (Last, First, Middle Initial) A. Special Projects Mailing Address City State City State City State City Category Type Category Type Category Category Type Category Category Category Type Category Category Category Type Category Category Category Category Type Category C	ITEMIZED DISBURSEMENTS		for each category of the		21b	22										
Daines Montana Victory Committee         Full Name (Last, First, Middle Initial)         A. Special Projects         Mailing Address 400 N California         City       State         Purpose of Disbursement         Bookkeeping and Compliance Reporting         Candidate Name         Office Sought:       House         Pistion:         Poison         State:       Disbursement         Poison       Disbursement         State:       Disbursement         Poison       Disbursement         State:       Disbursement         City       State         Purpose of Disbursement       Disbursement         City       State         Office Sought:       House         Disbursement       Disbursement         City       State         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       House         Disbursement       Categopy         Office Sought:       House         Disbursement       Disbursement For:         Office Sought:       House         Disbursement       Disbursement For:         Office Sought	Ar or	y information copied from such Reports and Stater for commercial purposes, other than using the nar	ments may not be sold or used ne and address of any politica	d by an I commi	y perso ittee to	on for the solicit co	purp ntribu	ose o utions	f solicitir from suc	ig co ch co	ntribu mmitt	tions ee.				
Full Name (Last, First, Middle Initial)       Date of Disbursement         A. Special Projects       Date of Disbursement         Mailing Address 400 N California       05 / 21 / 2016         City       State       Zip Code         Purpose of Disbursement       Bookkeeping and Compliance Reporting       Category/ 1010.08       Transaction ID : BC5D83CABCDB7442198         Purpose of Disbursement       Bookkeeping and Compliance Reporting       Category/ 1010.08       Mount of Each Disbursement this Period         Candidate Name       Disbursement For: Disbursement       Disbursement For: Disbursement       Memo Item         State       Disbursement For: Disbursement       Office Sought: Disbursement       Date of Disbursement         Rull Name (Last, First, Middle Initial)       Bate of Disbursement       Amount of Each Disbursement this Period         City       State       Zip Code         Purpose of Disbursement       Disbursement For: Disbursement For: Disbursement For: Disbursement       Disbursement For: Disbursement For: Disbursement       Date of Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period         City       State       Zip Code       Amount of Each Disbursement this Period	$\setminus$															
A       Special Projects       Date of Diabursement         Mailing Address       City       State       Zip Code         Purpose of Diabursement       Bookkeeping and Compliance Reporting       Category/       1010.08         Candidate Name       Disbursement For:       Other (specify) ▼       1010.08         Diffice Sought:       House       Disbursement For:       Other (specify) ▼         State:       Disbursement       Category/       1010.08         B       Full Name (Last, First, Middle Initial)       Date of Diabursement this Period         Candidate Name       Category/       1010.08         Office Sought:       House       Disbursement For:       Category/         Diate of Diabursement       Category/       1010.08         City       State       Zip Code         Purpose of Diabursement       Category/       Mount of Each Diabursement this Period         Candidate Name       Diabursement For:       Category/       Mount of Each Diabursement this Period         State:       Disfursement       Category/       Mount of Each Diabursement this Period         City       State       Diabursement For:       Amount of Each Diabursement this Period         City       State       Zip Code       Amount of Each Diabursement this P		Daines Montana Victory Committe	е													
Mailing Address 400 N California       Image: State of the second	Α.					Date of	f Disl	burser	ment							
City       State       Zp Code         Halena       MT       59601-4968         Purpose of Disbursement       Galegory/ Type       Amount of Each Disbursement his Period         Candidate Name       Disbursement For: President       General Other (specify) ↓       Date of Disbursement his Period         State:       Disbursement       Other (specify) ↓       Date of Disbursement his Period         Mailing Address       City       State       Zip Code         Purpose of Disbursement       Other (specify) ↓       Amount of Each Disbursement his Period         Candidate Name       Other (specify) ↓       Amount of Each Disbursement his Period         City       State       Zip Code         Purpose of Disbursement       Other (specify) ↓       Amount of Each Disbursement his Period         Candidate Name       Disbursement For: Disbursement       Category/ Type       Memo Item         State:       Disbursement For: Disbursement       Other (specify) ↓       Bate of Disbursement his Period         City       State       Zip Code       Amount of Each Disbursement his Period         City       State       Disbursement For: Disbursement       Category/ Category/ Diffice Sought:       Amount of Each Disbursement his Period         City       State       Disbursement For: Disbursement       <							/			Y	Y	Y				
Helena       MT       59601-4968       Transaction ID : BC5D93CABCDB7442198         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: Braining Address       Disbursement For: District:       Date of Disbursement         B.       Mailing Address       Disbursement For: District:       Date of Disbursement this Period         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Period         City       State       Zip Code         Purpose of Disbursement       Disbursement For: Disbursement       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: Disbursement       Date of Disbursement this Period         Candidate Name       Disbursement For: Disbursement       Date of Disbursement this Period         Candidate Name       Disbursement For: District:       Date of Disbursement         Full Name (Last, First, Middle Initial)       C       Date of Disbursement         City       State       Zip Code       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: Disbursement       Amount of Each Disbursement this Period         Category/ Citice Sought:       House       Disbursement For: Disbursement For:		Mailing Address 400 N California					05 21 2016									
Purpose of Disbursement Bookkeeping and Compliance Reporting       Amount of Each Disbursement this Period         Cardidate Name       Disbursement For: Braide       Category/ Type         Office Sough:       House President       Disbursement For: District:       Disbursement For: District:       Date of Disbursement         Full Name (Last, First, Middle Initial)       Date of Disbursement       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Category/ Type       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: Disbursement       Date of Disbursement this Period         Candidate Name       Disbursement For: Disbursement       Maining Address         Full Name (Last, First, Middle Initial)       Date of Disbursement       Memo Item         City       State       Zip Code       Memo Item         Purpose of Disbursement       Other (specify) ✓       Date of Disbursement       Memo Item         City       State       Zip Code       Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Disbursement For: District       Disbursement For: District       Amount of Each Disbursement this Period         Subtrotal of Disbursements This Page (optional)       Primary       General       Memo Item <td></td> <td colspan="5"></td> <td colspan="7">Transaction ID : BC5D83CABCDB7442198</td>							Transaction ID : BC5D83CABCDB7442198									
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State:       District:         Full Name (Last, First, Middle Initial)       B.         Mailing Address       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       Cardidate Name       Category'         Office Sought:       House       Disbursement For:       Category'         Office Sought:       Benate       Primary       General         Other (specify)       Other (specify)       Date of Disbursement         C.       City       State       Zip Code         Purpose of Disbursement For:       Senate       Disbursement For:       Memo Item         State:       District:       Other (specify)       Date of Disbursement         C.       General       Other (specify)       Date of Disbursement         Mailing Address       City       State       Zip Code         Purpose of Disbursement       Cardidate Name       Cardidate Name       Amount of Each Disbursement this Period         Cardidate Name       Disbursement For:       Cardidate Name       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       General       Memo Item         Office Sought:       House       Disbursement For:       Memo Item						Mei	no lt	em								
Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: City i			Other (specify) ▼													
Mailing Address       Image: City       State       Zip Code         Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/ President       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:       Memo Item         State:       District:       District:       Date of Disbursement         City       State       Zip Code         Purpose of Disbursement       City       State         City       State       Zip Code         Purpose of Disbursement       Category:       Amount of Each Disbursement         City       State       Zip Code         Purpose of Disbursement       Amount of Each Disbursement       Memo Item         City       State       Zip Code         Purpose of Disbursement       Category:       Amount of Each Disbursement this Period         Category:       Type       Memo Item       Memo Item         Office Sought:       House       Disbursement For:       Memo Item         State:       Disbursement This Page (optional)       Memo Item       Memo Item	_															
Mailing Address	В.															
Purpose of Disbursement   Candidate Name   Office Sought:   House   Senate   President   Other (specify)     Date of Disbursement     Category/   Mailing Address     City   State   Disbursement   Candidate Name     Disbursement   Category/   Type        Amount of Each Disbursement this Period     Mailing Address              City   State   Disbursement   Candidate Name   Candidate Name   Disbursement   Candidate Name   Disbursement   Category/   Type   Office Sought:   House   Disbursement For:   Senate   President   Other (specify)                State:   Disbursements This Page (optional)		Mailing Address														
Candidate Name Category/ Type   Office Sought: House   Senate Primary   President Other (specify) ▼     Full Name (Last, First, Middle Initial)   C.   Mailing Address     City   State:   Disbursement   City   State   Disbursement   Candidate Name   City   State:   Disbursement   Candidate Name   Candidate Name   Candidate Name   Candidate Name   Candidate Name   City   State:   Disbursement   Candidate Name   Disbursement For:   Senate   President   Disbursement For:   Senate   President   City:   State:   Disbursement For:   Senate   Primary   General   Other (specify)   Memo Item     Subtrott     Image: Content for:   Senate   President   City:   Subtrott   Other (specify)     Subtrott     Image: Content for:   Subtrott     Image: Content for:   State:   Disbursements This Pag		City	State Zip Code													
Candidate Name   Candidate Name     Office Sought:   Benate   President   District:     Full Name (Last, First, Middle Initial)   C.   Mailing Address   City   State   City   Purpose of Disbursement   Candidate Name   Candidate Name   Office Sought:   House   Disbursement   Candidate Name   City   State   Disbursement   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Disbursement For:   Senate   Primary   General   Office Sought:   House   Disbursement For:   Senate   Primary   General   Other (specify) ▼      Substrict:   Substrict:		Purpose of Disbursement				Amount of Each Disbursement this Period										
Office Sought:       House       Disbursement For:       Image: Character of the president of the pr		Candidate Name	Catego							- Indu						
Senate Primary General   President Other (specify) ▼     State: District:     Full Name (Last, First, Middle Initial)   C.   Mailing Address     City   State   City   State   Zip Code   Purpose of Disbursement   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Office Sought:   House   Disbursement For:   Senate   Primary   General   Other (specify)     Amount of Each Disbursement this Period   Image: Comparison of the president   State:   Disbursements This Page (optional)		Office Sought: House Disburse	ment For:	Туре	)											
State:       District:         Full Name (Last, First, Middle Initial)       Date of Disbursement         Mailing Address       Image: City         City       State       Zip Code         Purpose of Disbursement       Image: City       State         Candidate Name       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House President       Disbursement For: Other (specify) ▼         State:       District:       Image: City         Substrate       Disbursement For: Other (specify) ▼       General Other (specify) ▼			,													
C.       Date of Disbursement         Mailing Address       Image: City         City       State       Zip Code         Purpose of Disbursement       Image: City         Candidate Name       Category/ Type       Amount of Each Disbursement this Period         Office Sought:       House       Disbursement For:         Senate       Primary       General         President       Other (specify) ▼       Memo Item         SUBTOTAL of Disbursements This Page (optional)	_															
Mailing Address         City       State       Zip Code         Purpose of Disbursement	C.	Full Name (Last, First, Middle Initial)				Date of	f Disl	burser	ment							
City State Zip Code   Purpose of Disbursement Amount of Each Disbursement this Period   Candidate Name Category/ Type   Office Sought: House   Senate Primary   President Other (specify)   State: Disbursements This Page (optional)						M M / D D / Y Y Y Y										
Purpose of Disbursement       Amount of Each Disbursement this Period         Candidate Name       Category/ Type         Office Sought:       House         Senate       Primary         President       Other (specify)         State:       District:		-														
Candidate Name   Candidate Name   Office Sought:   House   Disbursement For:   Senate   President   Other (specify)		City State Zip Code														
Candidate Name   Office Sought:   House   Senate   President   Other (specify)    Subtrotal of Disbursements This Page (optional)		Surpose of Disbursement				1										
Office Sought: House   Disbursement For:   Senate   President   State:   District:						· · · · · · · · · · · · · · · · · · ·										
State:     District:       SUBTOTAL of Disbursements This Page (optional)		Senate	Primary General			Memo Item										
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	ļ,	OTAL This Period (last page this line number only	)								1010.	08				

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