

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
HCA INC. GOOD GOVERNMENT FUND

ADDRESS (number and street) PO BOX 500  
ONE PARK PLAZA  
 Check if different than previously reported. (ACC)  
NASHVILLE TN 37203

2. **FEC IDENTIFICATION NUMBER** C00067231  
**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 Quarterly 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 (12G)  
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 07 01 2007 through 07 31 2007

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 David Anderson

Signature of Treasurer Electronically Filed by David Anderson Date 08 13 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		127679.33
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period .....	45524.54									
(c) Total Receipts (from Line 19) .....	2915.24	10509.46								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	48439.78	138188.79								
7. Total Disbursements (from Line 31) .....	9934.41	99683.42								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38505.37	38505.37								
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**

Write or Type Committee Name  
HCA INC. GOOD GOVERNMENT FUND

Report Covering the Period: From: 

M	M
0	7

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To: 

M	M
0	7

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	1950.00	4900.00
(i) Itemized (use Schedule A) .....	725.00	2785.00
(ii) Unitemized .....	2675.00	7685.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	2675.00	7685.00
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.) .....	240.24	2824.46
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 Transfer (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)) .....	2915.24	10509.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	2915.24	10509.46

**DETAILED SUMMARY PAGE**

of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	184.41	3143.42
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	184.41	3143.42
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	83150.00
24. Independent Expenditure (use Schedule E) .....	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	40.00
(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	40.00
29. Other Disbursements.....	1750.00	13350.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	9934.41	99683.42
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	9934.41	99683.42

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	2675.00	7685.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	40.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	2675.00	7645.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	184.41	3143.42
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	184.41	3143.42

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 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	

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)  
HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) <b>A. Jill Adams</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007	
Mailing Address 6834 NW 44th Street		<b>Transaction ID: SA11A1.14067</b>	
City State Zip Code Jennings FL 32053	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lake City Medical Center	Occupation CFO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>B. Bryan Bunderson</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007	
Mailing Address 215 NW Fairway Hills Gln #7		<b>Transaction ID: SA11A1.14066</b>	
City State Zip Code Lake City FL 32055	Amount of Each Receipt this Period 350.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lake City Medical Center	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 350.00		

Full Name (Last, First, Middle Initial) <b>C. Bland Eng</b>		Date of Receipt M M / D D / Y Y Y Y Y 07 / 19 / 2007	
Mailing Address 547 NW Lake Valley Terrace		<b>Transaction ID: SA11A1.14065</b>	
City State Zip Code Lake City FL 32055	Amount of Each Receipt this Period 750.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Lake City Medical Center	Occupation CEO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 750.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) ..... ▶	1450.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 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"/> 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)  
HCA INC. GOOD GOVERNMENT FUND

<b>A.</b> Full Name (Last, First, Middle Initial) Nancy Maysilles		Date of Receipt M M / D D / Y Y Y Y 07 / 19 / 2007	
Mailing Address 6134 Oakridge Avenue		<b>Transaction ID:</b> SA11A1.14076	
City State Zip Code New Port Richey FL 34653	Amount of Each Receipt this Period 500.00		
FEC ID number of contributing federal political committee. C			
Name of Employer Community Hospital	Occupation CNO		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	500.00
<b>TOTAL</b> This Period (last page this line number only) .....	1950.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 8 / 12	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input checked="" type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
HCA INC. GOOD GOVERNMENT FUND

**A.** Full Name (Last, First, Middle Initial)  
Suntrust Bank

Mailing Address P.O. Box 622227

City State Zip Code  
Orlando FL 32862-2227

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2824.46

Date of Receipt  

M	M	/	D	D	/	Y	Y	Y	Y
0	7	/	0	2	/	2	0	0	7

Transaction ID: SA17.14091

Amount of Each Receipt this Period  
240.24

bank interest

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	240.24
<b>TOTAL</b> This Period (last page this line number only) .....	▶	240.24

**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)

PAGE 9 / 12

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input 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)  
HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial)  
**A.** Suntrust Bank

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement  
account analysis fees

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Transaction ID: SB21B.14092

Date of Disbursement

07 / 20 / 2007

Amount of Each Disbursement this Period

184.41

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

184.41

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

184.41

**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)

PAGE 10 / 12

<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)  
HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) <b>A. BERKLEY FOR CONGRESS</b>		<b>Transaction ID: SB23.14089</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 30 / 2007
Mailing Address 3069 Conquista Court		Amount of Each Disbursement this Period 1000.00
City Las Vegas State NV Zip Code 89121	Category/ Type	
Purpose of Disbursement contribution		
Candidate Name BERKLEY FOR CONGRESS		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 01	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR HARKIN</b>		<b>Transaction ID: SB23.14087</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 16 / 2007
Mailing Address P O BOX 811		Amount of Each Disbursement this Period 5000.00
City DES MOINES State IA Zip Code 50304	Category/ Type	
Purpose of Disbursement fundraiser		
Candidate Name CITIZENS FOR HARKIN		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: IA District: 00	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. FRIENDS OF ZACH WAMP</b>		<b>Transaction ID: SB23.14082</b> Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2007
Mailing Address 651 E. Fourth St. Suite 200		Amount of Each Disbursement this Period 1000.00
City Chattanooga State TN Zip Code 37403	Category/ Type	
Purpose of Disbursement fundraiser		
Candidate Name FRIENDS OF ZACH WAMP		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 03	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	7000.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	[ ]

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 11 / 12

<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)  
HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) <b>A. TEAM SUNUNU</b>		Transaction ID: SB23.14090	
Mailing Address PO BOX 500		Date of Disbursement 07 / 30 / 2007	
City RYE	State NH	Zip Code 03870	Amount of Each Disbursement this Period 1000.00
Purpose of Disbursement fundraiser		Category/ Type	
Candidate Name TEAM SUNUNU			
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NH	District: 00		

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

1000.00

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

8000.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)  
HCA INC. GOOD GOVERNMENT FUND

Full Name (Last, First, Middle Initial) <b>A. Campaign to Re-Elect Kent Williams</b>		<b>Transaction ID: SB29.14085</b> Date of Disbursement 07 / 30 / 2007
Mailing Address 126 South Main Street		Amount of Each Disbursement this Period 500.00
City Elizabethton State TN Zip Code 37643	Category/ Type	
Purpose of Disbursement fundraiser		
Candidate Name Campaign to Re-Elect Kent Williams		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 4	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>B. Glen Casada for State Representative</b>		<b>Transaction ID: SB29.14083</b> Date of Disbursement 07 / 30 / 2007
Mailing Address 4893 Bethesda Duplex Road		Amount of Each Disbursement this Period 250.00
City College Grove State TN Zip Code 37046	Category/ Type	
Purpose of Disbursement fundraiser		
Candidate Name Glen Casada for State Representative		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TN District: 63	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) <b>C. The Speaker's Fund</b>		<b>Transaction ID: SB29.14084</b> Date of Disbursement 07 / 30 / 2007
Mailing Address PO Box 198255		Amount of Each Disbursement this Period 1000.00
City Nashville State TN Zip Code 37219	Category/ Type	
Purpose of Disbursement fundraiser		
Candidate Name The Speaker's Fund		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2008 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

<b>SUBTOTAL</b> of Disbursements This Page (optional) ..... ▶	1750.00
<b>TOTAL</b> This Period (last page this line number only) ..... ▶	1750.00