

**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

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼

1600 EYE STREET NW

☐ Check if different than previously reported. (ACC)

WASHINGTON

DC

20006

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00139519

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)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

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 KELLEY ELIZABETH OCONNELL

Signature of Treasurer

KELLEY ELIZABETH OCONNELL

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y 05 / 01 / 2012 To: M M / D D / Y Y Y Y Y Y 05 / 31 / 2012

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2012		4083.34
(b) Cash on Hand at Beginning of Reporting Period.....	24482.07	
(c) Total Receipts (from Line 19)	632.91	36531.64
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25114.98	40614.98
7. Total Disbursements (from Line 31)	16551.05	32051.05
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	8563.93	8563.93
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0	

☒ 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)

Page 3

Write or Type Committee Name

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Report Covering the Period:

From:

M M / D D / Y Y Y Y Y Y
05 01 2012

To:

M M / D D / Y Y Y Y Y Y
05 31 2012

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).....

632.91

20957.82

(ii) Unitemized

0

573.82

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

632.91

21531.64

(b) Political Party Committees

0

0

(c) Other Political Committees

(such as PACs).....

0

15000.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5) ▶

632.91

36531.64

12. Transfers From Affiliated/Other

Party Committees.....

0

0

13. All Loans Received

0

0

14. Loan Repayments Received.....

0

0

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0

0

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0

0

17. Other Federal Receipts

(Dividends, Interest, etc.).....

0

0

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3).....

0

0

(b) Levin Funds (from Schedule H5)

0

0

(c) Total Transfers (add 18(a) and 18(b))..

0

0

19. Total Receipts (add Lines 11(d),
12, 13, 14, 15, 16, 17, and 18(c))..... ▶

632.91

36531.64

20. Total Federal Receipts

(subtract Line 18(c) from Line 19) ▶

632.91

36531.64

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	0	0
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0	0
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	16551.05	32051.05
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	0
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	16551.05	32051.05
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16551.05	32051.05

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)	632.91	36531.64
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	632.91	36531.64
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0	0
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0	0

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

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Lori McGrogan

Mailing Address 5146 Nebraska Ave NW

City
Washington

State
DC

Zip Code
20008-2047

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPAA, Inc

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

768.00

Date of Receipt

05 / 31 / 2012

Transaction ID : 644-P13

Amount of Each Receipt this Period

192.00

Payroll Deduction

(\$192.00 Monthly)

Full Name (Last, First, Middle Initial)

B. Orit Michiel

Mailing Address 15301 Ventura Blvd Bldg E

City
Sherman Oaks

State
CA

Zip Code
91403-5885

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPAA, Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

05 / 31 / 2012

Transaction ID : 644-P14

Amount of Each Receipt this Period

100.00

Payroll Deduction

(\$100.00 Monthly)

Full Name (Last, First, Middle Initial)

C. Michael Robinson

Mailing Address 4500 Via Marina Apt 121

City
Marina del Rey

State
CA

Zip Code
90292-7216

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPAA, Inc

Occupation

EVP

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

05 / 31 / 2012

Transaction ID : 644-P16

Amount of Each Receipt this Period

250.00

Payroll Deduction

(\$250.00 Monthly)

SUBTOTAL of Receipts This Page (optional)..... ►

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

542.00

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 7 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. Karen Thorland

Mailing Address 15301 Ventura Blvd Bldg E

City

Sherman Oaks

State

CA

Zip Code

91403-5885

FEC ID number of contributing
federal political committee.

C

Name of Employer

MPAA, Inc

Occupation

Attorney

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

363.64

Date of Receipt

05 / 31 / 2012

Transaction ID : 644-P15

Amount of Each Receipt this Period

90.91

Payroll Deduction

(\$90.91 Monthly)

Full Name (Last, First, Middle Initial)

B.

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

Amount of Each Receipt this Period

Full Name (Last, First, Middle Initial)

C.

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

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

90.91

632.91

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

<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)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. BOB GOODLATTE FOR CONGRESS COMMITTEE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address P.O. BOX 292

City	State	Zip Code
ROANOKE	VA	24002

Transaction ID : 638Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

BOB GOODLATTECategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: VA District: 06

2000.00									

Full Name (Last, First, Middle Initial)

B. CITIZENS FOR WATERS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address 555 SO.FLOWER ST.,SUITE 4210

City	State	Zip Code
LOS ANGELES	CA	90071

Transaction ID : 637Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

MAXINE WATERSCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: CA District: 35

2000.00									

Full Name (Last, First, Middle Initial)

C. GILLIBRAND FOR SENATE

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		17		2012

Mailing Address 236 MASSACHUSETTS AVE SUITE 110

City	State	Zip Code
WASHINGTON	DC	20002

Transaction ID : 639Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

Candidate Name

KIRSTEN ELIZABETH GILLIBRANDCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012

<input checked="" type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NY District: 00

2000.00									

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

6000.00									
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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<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)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. HAGAN FOR US SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

Mailing Address PO BOX 29103

City	State	Zip Code
GREENSBORO	NC	27429

Purpose of Disbursement
contribution

011

Candidate Name

KAY R HAGANCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NC District: 00

Transaction ID : 641

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. TEAM GRAHAM INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address PO BOX 1801

City	State	Zip Code
COLUMBIA	SC	29202

Purpose of Disbursement
contribution

011

Candidate Name

LINDSEY GRAHAMCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: SC District: 00

Transaction ID : 634

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. TEXANS FOR LAMAR SMITH

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		15		2012

Mailing Address PO BOX 6155

City	State	Zip Code
SAN ANTONIO	TX	78209

Purpose of Disbursement
contribution

011

Candidate Name

LAMAR SMITHCategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2012
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: TX District: 21

Transaction ID : 636

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

7000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

<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)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. The Beverly Hilton

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		30		2012

Mailing Address 9876 Wilshire Boulevard

City	State	Zip Code
Beverly Hills	CA	90210

Transaction ID : 642Purpose of Disbursement
refreshments

011

Amount of Each Disbursement this Period

354.18

Candidate Name

KAY R HAGANCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: NC District: 00

Full Name (Last, First, Middle Initial)

B. The Monocle Restaurant

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		16		2012

Mailing Address 107 D Street, NE

City	State	Zip Code
Washington	DC	20003

Transaction ID : 640Purpose of Disbursement
contribution

011

Amount of Each Disbursement this Period

320.00

Candidate Name

MAXINE WATERSCategory/
Type

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2012

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA District: 35

Full Name (Last, First, Middle Initial)

C. The Peninsula

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		02		2012

Mailing Address 9882 South Santa Monica Boulevard

City	State	Zip Code
Beverly Hills	CA	90212

Transaction ID : 633Purpose of Disbursement
Contribution

011

Amount of Each Disbursement this Period

876.87

Candidate Name

LINDSEY GRAHAMCategory/
Type

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☒ Primary ☐ General
☐ Other (specify) ▼

State: SC District: 00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1551.05

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

<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)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Full Name (Last, First, Middle Initial)

A. UDALL FOR US ALL

Mailing Address PO BOX 25766

City	State	Zip Code
ALBUQUERQUE	NM	87125

Purpose of Disbursement
contribution

011

Candidate Name

TOM UDALLCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input checked="" type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: NM District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
05		09		2012

Transaction ID : 635

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

2000.00

16551.05