

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/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="2016"/>		26403.48
(b) Cash on Hand at Beginning of Reporting Period.....	48619.28	
(c) Total Receipts (from Line 19)	8676.00	105995.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	57295.28	132398.48
7. Total Disbursements (from Line 31).....	2607.75	77710.95
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	54687.53	54687.53
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

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/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).....	8476.00	64265.00
(ii) Unitemized	200.00	5730.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8676.00	69995.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	36000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	8676.00	105995.00
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)).....▶	8676.00	105995.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8676.00	105995.00

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	107.75	15210.95
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	107.75	15210.95
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	62500.00
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)) ..	2607.75	77710.95
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2607.75	77710.95

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)	8676.00	105995.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	8676.00	105995.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	107.75	15210.95
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	107.75	15210.95

**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 13
<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. CASALE, CARL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1446 DELAWARE AVE
 City SAINT PAUL State MN Zip Code 55118-3000
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) CHS, INC. Occupation (for Individual) PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 03 / 2016
Transaction ID : A2F65968950124CA695C
 Amount of Each Receipt this Period 200.00
 Memo Item
RECEIPT

B. TOWNLEY, ED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 196 TAMARACK DRIVE
 City WILLISTON State VT Zip Code 05495-7791
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) AGRI MARK FARMERS CO-OP, INC. Occupation (for Individual) PRESIDENT & CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1500.00

Date of Receipt 10 / 03 / 2016
Transaction ID : A7D13B55B94DE4F6597F
 Amount of Each Receipt this Period 1500.00
 Memo Item
RECEIPT

C. TATE, KENNETH, MICHAEL, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 482 RUBE ROBINSON RD
 City HUNTSVILLE State AL Zip Code 35811-8323
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 14 / 2016
Transaction ID : AC55733C8AA6A4DF3B34
 Amount of Each Receipt this Period 600.00
 Memo Item
RECEIPT

SUBTOTAL of Receipts This Page (optional).....	2300.00
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 13
<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. HAYNES, BEN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 478 COUNTY RD
 City CULLMAN State AL Zip Code 35058
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : AC7094BC6A8884CBB99C
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

B. TINDAL, TED, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1631 N BETHLEHEM RD
 City GREENVILLE State AL Zip Code 36037-6324
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) BOARD OF DIRECTORS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : AAFBE1EFBFEB4833BA/
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

C. GIVHAN, SAM, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6900 AL HIGHWAY 5
 City SAFFORD State AL Zip Code 36773-2618
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) BOARD OF DIRECTORS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 520.00

Date of Receipt 10 / 14 / 2016
Transaction ID : AEE65D314EF1A414093D
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

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: (check only one)	PAGE 8 OF 13
<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. SIMS, JEFFERY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6008 PLANTERSVILLE RD
 City ALPINE State AL Zip Code 35014-6414
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A9B1F4E9A390C4AC1BA3
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

B. BENNICH, LARRY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4202 INDIAN HILLS RD SE
 City DECATUR State AL Zip Code 35603-5102
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A275AB91A2CAC418EA03
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

C. SANDERS, BILL, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1007 GLENWOOD RD
 City GOSHEN State AL Zip Code 36035-2010
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) BOARD OF DIRECTORS
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A255EDB4CD33F4183A7C
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

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 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. SMITH, LAWRENCE, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 715 COUNTY ROAD 222
 City FLORENCE State AL Zip Code 35633-8613
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) BOARD OF DIRECTORS
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A5864A0FD20D24343B26
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

B. NEWBY, JIMMY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 101 WILLOW ST
 City ATHENS State AL Zip Code 35613-2523
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) DIRECTOR
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 10 / 14 / 2016
Transaction ID : A1F4DF2EA31204DED9CD
 Amount of Each Receipt this Period 500.00
 Memo Item
RECEIPT

C. COOK, MARIE, B., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2707 BRISTOL DRIVE, SW
 City DECATUR State AL Zip Code 35603-1189
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) SAFETY DIRECTOR
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 19 / 2016
Transaction ID : A1A5F41C740C24312BF8
 Amount of Each Receipt this Period 250.00
 Memo Item
CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 1250.00
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 13
<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)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. DAILEY, THOMAS, M., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 52 CEDARBROOK ST.
 City MOULTON State AL Zip Code 35650-1400
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) VICE PRESIDENT
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 212.00

Date of Receipt 10 / 19 / 2016
Transaction ID : ABDB2712F33254BCBAC3
 Amount of Each Receipt this Period 212.00
 Memo Item CONTRIBUTION

B. HALLIN, THOMAS, G., ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 117 HEALEY DRIVE
 City MADISON State AL Zip Code 35756-4074
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) CONTROLLER- GRAIN DIVISION
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 245.00

Date of Receipt 10 / 19 / 2016
Transaction ID : A1C02666E0A0C402CB61
 Amount of Each Receipt this Period 245.00
 Memo Item CONTRIBUTION

C. FULLER, JO ANN, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 113 MABSCOTT DR
 City MADISON State AL Zip Code 35758-4223
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) CORPORATE CONTROLLER/ACCOU
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 334.00

Date of Receipt 10 / 19 / 2016
Transaction ID : A6CEAF782F74C4CEA9E7
 Amount of Each Receipt this Period 334.00
 Memo Item CONTRIBUTION

SUBTOTAL of Receipts This Page (optional)..... ▶ 791.00
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 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
ARNOLD, TRICIA, , ,

Mailing Address 130 COUNTY ROAD

City CULLMAN State AL Zip Code 35058

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

Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) ASSISTANT CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 500.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : A7E9D96A141B04A13BB7

Amount of Each Receipt this Period
 500.00

Memo Item CONTRIBUTION

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
CHEATHAM, AL, , ,

Mailing Address 2103 PENNYLANE SE

City DECATUR State AL Zip Code 35601-6631

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

Name of Employer (for Individual) ALABAMA FARMERS COOPERATIVE Occupation (for Individual) CORPORATE CONTROLLER

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
 635.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 19 / 2016

Transaction ID : AC2615E383468455D976

Amount of Each Receipt this Period
 635.00

Memo Item CONTRIBUTION

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	1135.00
TOTAL This Period (last page this line number only).....▶	8476.00

**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)

NATIONAL COUNCIL OF FARMER COOPERATIVES CO-OP/PAC

Full Name (Last, First, Middle Initial)

A. JIM COSTA FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2016

Mailing Address 2037 WEST BULLARD
PMB # 509

City FRESNO State CA Zip Code 93711-1200

Purpose of Disbursement
CONTRIBUTION TO COMMITTEE

011
Category/ Type

FEC Identification Number

C	C00391029
---	-----------

Transaction ID : B58137242EF

Amount of Each Disbursement this Period

2500.00

Memo Item

Candidate Name

COSTA, JIM, , ,

Office Sought: House Senate President
Disbursement For: 2016 Primary General Other (specify) ▼

State: CA District: 16

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

FEC Identification Number

C	
---	--

Amount of Each Disbursement this Period

--

Memo Item

Office Sought: House Senate President
Disbursement For: Primary General Other (specify) ▼

State: District:

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

2500.00

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

2500.00
