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Image# 201701259041476255

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	nonzed Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
PHARMACEUTICAL CAR	RE MANAGEMENT ASS	OCIATION POLITICAL AC	TION COMMITTEE (PCMA PAC)
ADDRESS (number and street)	601 PENNSYLVANIA AVEN	JUE NW STE 740	
Check if different than previously reported. (ACC)	WASHINGTON		DC 20004 -
2. FEC IDENTIFICATION N	UMBER ▼ CIT	Y ▲	STATE ▲ ZIP CODE ▲
C C00388819		S THIS NEW (N) OR	AMENDED (A)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (0)	Report Due On: Mar	20 (M2) May 20 (M5) 20 (M3) Jun 20 (M6) 20 (M4) Jul 20 (M7)	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only) Oct 20 (M10) Jan 31 (YE)
July 15 Quarterly Report (C October 15 Quarterly Report (C	PRE-Election Report for the:	Primary (12P) Convention (12C)	General (12G) Runoff (12R) Special (12S)
January 31 Year-End Report (Y	YE) Election	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Electic	on on	in the State of
5. Covering Period 1		through 12	31 2016
I certify that I have examined the Type or Print Name of Treasure	Heafitz, Jonathan, , ,	my knowledge and belief it is t	rue, correct and complete.
Heaf Signature of Treasurer	fitz, Jonathan, , ,	[Electronically Filed]	Date 01 / 25 / 2017
NOTE: Submission of false, erron	neous, or incomplete information	n may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
(a)	Cash on Hand January 1, 2016		14372.32
(b)	Cash on Hand at Beginning of Reporting Period	7316.91	
(c)	Total Receipts (from Line 19)	9096.48	54041.07
(d)	Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	16413.39	68413.39
То	tal Disbursements (from Line 31)	3500.00	55500.00
Re	ash on Hand at Close of eporting Period ubtract Line 7 from Line 6(d))	12913.39	12913.39
the	ebts and Obligations Owed TO e Committee (Itemize all on chedule C and/or Schedule D)	0.00	
the	ebts and Obligations Owed BY Committee (Itemize all on chedule C and/or Schedule D)	0.00	

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. 05/2016) Page 3

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

R	eport Covering the Period: From:	1 29 2016 To:	12 31 2016		
	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 Schodule A)	8828.48	21485.07		
	(i) Itemized (use Schedule A)		21400.07		
	(ii) Unitemized(iii) TOTAL (add	268.00	1556.00		
	Lines 11(a)(i) and (ii)▶	9096.48	23041.07		
	(b) Political Party Committees	0.00	0.00		
	(such as PACs)	0.00	31000.00		
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	9096.48	54041.07		
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00		
13.	All Loans Received	0.00	0.00		
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00		
	(Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00		
16.	Refunds of Contributions Made to Federal Candidates and Other				
17.	Political Committees Other Federal Receipts	0.00	0.00		
18.	(Dividends, Interest, etc.) Transfers from Non-Federal and Levin Funds (a) Non-Federal Account	0.00	0.00		
	(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))▶	9096.48	54041.07		
20.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	9096.48	54041.07		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Operating Expenditures: (a) Allocated Federal/Non-Federal Activity (from Schodule H4)		23.3.3.3.100.10 2410
Activity (from Schedule H4) (i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating	0.00	0.00
Expenditures	0.00	0.00
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	3500.00	55500.00
Independent Expenditures (use Schedule E)	0.00	0.00
Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F)	0.00	4 1 4 1 4 1 4
(use scriedule r)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made Refunds of Contributions To: (a) Individuals/Persons Other	0.00	0.00
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
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
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
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
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	3500.00	55500.00
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	3500.00	55500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 05/2016) III. Net Contributions/

Operating Expenditures

(from Line 11(d), page 3)

(from Line 28(d)).....

(subtract Line 34 from Line 33)

(add Line 21(a)(i) and Line 21(b))▶

(from Line 15, page 3).....

(subtract Line 37 from Line 36)

33. Total Contributions (other than loans)

35. Net Contributions (other than loans)

36. Total Federal Operating Expenditures

37. Offsets to Operating Expenditures

38. Net Operating Expenditures

34. Total Contribution Refunds

Page 5 **COLUMN A** COLUMN B **Total This Period** Calendar Year-to-Date 9096.48 54041.07 0.00 0.00 9096.48 54041.07 0.00 0.00 0.00 0.00 0.00 0.00

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se separate schedule(s) or each category of the	(c	(check only one)								
etailed Summary Page		X	11a		11b	11c		12		
			13		14	15		16		17

D 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) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Alexander, April, , , Date of Receipt Mailing Address 2127 California St, NW #103 2016 15 City Zip Code State Transaction ID: SA11AI.5435 DC Washington 20008 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr Director **PCMA** Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Bass, Kristin,, Date of Receipt Mailing Address 812 N. Jackson St 15 2016 City State Zip Code Transaction ID: SA11AI.5437 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 1153.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Pharmaceutical Care Mgmt Assoc Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 5000.05 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Brogan, Tim, , , Date of Receipt Mailing Address 2804 9th Street S 15 2016 City State Zip Code Transaction ID: SA11AI.5438 VAArlington 22204 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Policy Analyst Receipt For: Aggregate Year-to-Date ▼ Primary General 1040.00 Other (specify) 1633.86 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

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

Use separate schedule(s) for each category of the

FOR LINE NUMBER:							PAGE		7	OF	11
	(check only one)										
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			13		14		15		16	;	17

Detailed Summary Page 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) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Cosgrove, Andy, , , Date of Receipt Mailing Address 2212 N Quintana Street 2016 15 City Zip Code State Transaction ID: SA11AI.5439 VA Arlington 22205 Amount of Each Receipt this Period FEC ID number of contributing C 230.76 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **VP Policy PCMA** Receipt For: Aggregate Year-to-Date ▼ Primary General 999.96 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Heafitz, Jonathan, , , Date of Receipt Mailing Address 2704 Emmet Road 15 2016 City State Zip Code Transaction ID: SA11AI.5440 Silver Spring MD 20902 Amount of Each Receipt this Period FEC ID number of contributing 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Sr Director Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 905.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Johnson, Greg, , , Date of Receipt Mailing Address 16213 Oak Meadow Drive 15 2016 City Zip Code State Transaction ID: SA11AI.5441 MD Derwood 20855 Amount of Each Receipt this Period FEC ID number of contributing C 120.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA Director Federal Affairs** Receipt For: Aggregate Year-to-Date ▼ Primary General 520.00 Other (specify) 590.76 SUBTOTAL of Receipts This Page (optional).....

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

Use separate schedule(s) for each category of the

							PAGE	8	OF	11	
	(c	he	ck only	or	ne)						
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			13		14		15	16	6	17	

Detailed Summary Page 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) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kipper, Scott, , , Date of Receipt Mailing Address 2370 HuntingtonSt Ct 2016 15 City Zip Code State Transaction ID: SA11AI.5447 VA Alexandria 22303 Amount of Each Receipt this Period FEC ID number of contributing C 90.00 federal political committee. Name of Employer (for Individual) Memo Item Occupation (for Individual) **PCMA** Receipt For: Aggregate Year-to-Date ▼ Primary General 255.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** McCarthy, Brian, , , Date of Receipt Mailing Address 1922 37th Street 15 2016 City State Zip Code Transaction ID: SA11AI.5450 DC Washington 20007 Amount of Each Receipt this Period FEC ID number of contributing 1153.86 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Assist VP Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 5000.06 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. McCraw, Anne, S,, Date of Receipt Mailing Address 3802 Fulton St, NW-Apt B 15 2016 City State Zip Code Transaction ID: SA11AI.5451 Amount of Each Receipt this Period FEC ID number of contributing C 240.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **PCMA** Sr Director Receipt For: Aggregate Year-to-Date ▼ Primary General 240.00 Other (specify) 1483.86 SUBTOTAL of Receipts This Page (optional).....

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

							PAGE	9	OF	11	
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			13		14		15	16	6	17	

	Statements may not be sold or used by any perse e name and address of any political committee to	
NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGE	GEMENT ASSOCIATION POLITICAL A	CTION COMMITTEE (PCMA PAC)
Full Name of Individual (Last, First, Middle In Merritt, Mark, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1261 Auburn Ave		12 21 2016
City	State Zip Code	Transaction ID : SA11AI.5453
Hummelstown	PA 17036	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	5000.00
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
PCMA	President and CEO	_
Receipt For:	Aggregate Year-to-Date ▼	
Primary General	55 5	
Other (specify) ▼	5000.00	
Full Name of Individual (Last, First, Middle In Murphy, Katherine, , ,	itial) or Full Organization Name	Date of Receipt
Mailing Address 1701 16th Street NW		12 15 2016
City	State Zip Code	Transaction ID : SA11Al.5449
Washington	DC 20009	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	120.00
Name of Employer (for Individual) PCMA	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 340.00	
Full Name of Individual (Last, First, Middle In	itial) or Full Organization Name	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	5120.00
TOTAL This Period (last page this line number	only)	8828.48

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SCHEDULE B (FEC Form 3X)	Liea caparata cabadula(a)	FOR LINE NUMBER: PAGE 10 OF					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 28a	one) 22 X 23 26 27 28b 28c 29 30b				
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NAME OF COMMITTEE (In Full) PHARMACEUTICAL CARE MANAGEM	IENT ASSOCIATION PO	DLITICAL A	CTION COMMITTEE (PCMA PAC)				
Full Name (Last, First, Middle Initial) A. JOHN KENNEDY FOR US	· · · · · · · · · · · · · · · · · · ·						
Mailing Address 2900 CLEARVIEW PKWY SUITE 206			12 08 2016				
METAIRIE	METAIRIE LA 70006						
Purpose of Disbursement Candidate Name			C C00608398 Transaction ID : SB23.5426				
KENNEDY, JOHN NEELY, , ,	ment For: 2016	Category/ Type	Amount of Each Disbursement this Period 500.00				
Senate President	Primary General Other (specify) ▼		Memo Item				
State: LA District: 00 Full Name (Last, First, Middle Initial)	Runoff						
B. KEEP AMERICA ROLLING PAC			Date of Disbursement				
Mailing Address PO BOX 185	12 22 2016						
HARRISBURG	State Zip Code PA 17101		FEC Identification Number				
Purpose of Disbursement Candidate Name			C C00524603 Transaction ID : SB23.5433				
	mont Form 2010	Category/ Type	Amount of Each Disbursement this Period				
Senate	ment For: 2016 Primary General Other (specify)		1000.00				
State: District:			Memo Item				
Full Name (Last, First, Middle Initial) C. PIONEER PAC			Date of Disbursement				
Mailing Address 10 WEST BROADWAY SUITE 500)		12 08 2016				
City SALT LAKE CITY Purpose of Disbursement	State Zip Code UT 84101		FEC Identification Number C C00452771				
Candidate Name		Category/ Type	Transaction ID: SB23.5428 Amount of Each Disbursement this Period				
Senate President	ment For: 2016 Primary General Other (specify) ▼	1762	1500.00 Memo Item				
State: District:							
SUBTOTAL of Disbursements This Page (optional)		······	3000.00				
TOTAL This Period (last page this line number only))						

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Any information copied from such Reports and Statements may rings 28		•			1 -				
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 Pull) PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) A. SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC Mailing Address 1050 1/TH ST NW STE 590 City WASHINGTON Disbursement Candidate Name Office Sought: House Primary State Disbursement Full Name (Last, First, Middle Initial) Mailing Address City State Disbursement Candidate Name Office Sought: House Purpose of Disbursement Candidate Name Office Sought: House Primary Office Sought: State: Disbursement Candidate Name Office Sought: House Primary Office Sought: Washing Address City State Disbursement Candidate Name Office Sought: House Primary Office Sought: Washing Address City State: District City State Disbursement Candidate Name Office Sought: House Primary Office Sought: Washing Address City State Disbursement Category/ Type Type Office Sought: Washing Address City State District City State District City State Disbursement Category/ Type T					1 ` —				
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 Period PAC) Full Name (Last, First, Middle Initial) A. SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement Candidate Name Category/ Type President State: District Full Name (Last, First, Middle Initial) Mailing Address City State: District Full Name (Last, First, Middle Initial) Mailing Address City State: District Full Name (Last, First, Middle Initial) District State Disbursement For: Category Type Office Sought House Primary General Disbursement FEC Identification Number Category Amount of Each Disbursement this Period Type Type Type Type Type Type Amount of Each Disbursement this Period Type Ty			Botaliou		28a	28b 28c 29 30b			
PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC) Full Name (Last, First, Middle Initial) A. SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC Mailing Address 1050 17TH ST NW STE 590 City									
Full Name (Last, First, Middle Initial) A SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC Mailing Address 1050 17TH ST NW STE 590 City									
A. SUPPORTING HOUSE PROBLEM SOLVERS - SHP PAC Mailing Address 1050 17TH ST NW STE 590 City WASHINGTON Purpose of Disbursement Candidate Name Office Sought:	\angle		MENT ASS	SOCIATION PO	OLITICAL A	ACTION COMMITTEE (PCMA PAC)			
Mailing Address 1050 17TH ST NW STE 590 12	_	,	4.001.1/5			Deta of Dishuraamant			
City WASHINGTON Purpose of Disbursement Candidate Name Office Sought:	_		M M / D D / Y Y Y Y						
WASHINGTON Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Prisident Prisident Primary General Procession Procession Procession Procession Procession Primary P	_	-	12 13 2010						
Candidate Name Office Sought: House Senate Primary General State: Disbursement Candidate Name Office Sought: Senate Primary General Primary General Primary General Primary General Primary General State: Disbursement City State Zip Code Primary General Other (specify) Full Name (Last, First, Middle Initial) B. Candidate Name Office Sought: House Disbursement For: General Primary General Other (specify) Fell Name (Last, First, Middle Initial) Candidate Name City State Zip Code Primary General Other (specify) Fell Name (Last, First, Middle Initial) City State Zip Code Primary General Other (specify) Fell Name (Last, First, Middle Initial) Candidate Name Office Sought: House Disbursement For: Gategory/ Type Office Sou				1 '		FEC Identification Number			
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Office Sought:	7	Candidate Name							
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State: District: Full Name (Last, First, Middle Initial) B. Mailing Address City						7 7 7			
B. Mailing Address City Purpose of Disbursement Candidate Name Office Sought: Bell Name (Last, First, Middle Initial) Category/ Type Office Sought: Senate President State: District: Mailing Address City State Disbursement For: Senate Primary Other (specify) Date of Disbursement Category/ Type Office Sought: Memo Item FEC Identification Number Category/ Type Office Sought: Date of Disbursement this Period Amount of Each Disbursement this Period Category/ Type Office Sought: Date of Disbursement this Period Fec Identification Number Category/ Type Office Sought: Other (specify) FEC Identification Number Category/ Type Office Sought: Other (specify) Memo Item Subtrotal of Disbursement this Period Subtrotal of Disbursements This Page (optional)	c		Other (spec	cify) ▼		Memo Item			
Mailing Address City	_								
City Purpose of Disbursement Candidate Name City Disbursement For: Senate President State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City Purpose of Disbursement City State Disbursement City State City State City State Disbursement Candidate Name City State City State Disbursement Candidate Name City State Disbursement Candidate Name City State Disbursement Condidate Name Disbursement Condidate Name Namount of Each Disbursement this Period Memo Item Substruct: Memo Item Substruct: Substruct: Substruct Substruct Substruct Memo Item Substruct	В.	uli Name (Last, First, Middle Illiliai)	Date of Disbursement						
City	_					M = M / D = D / Y = Y = Y			
Purpose of Disbursement Candidate Name Category/ Office Sought:	N	Mailing Address							
Candidate Name Category/ Type Office Sought:	C	City	Zip Code		FEC Identification Number				
Candidate Name Office Sought: House Disbursement For: Senate Primary General Other (specify) State: District: Memo Item Tall Name (Last, First, Middle Initial) C. Date of Disbursement Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substock Substock Substock Amount of Each Disbursement this Period Memo Item State: District: Substock Subs	Ē	Purpose of Disbursement				C			
Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Date of Disbursement Category/ Type Memo Item Date of Disbursement City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Disbursement For: Senate Primary General Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item State: District: Suppose Suppo	_					<u> </u>			
Office Sought:	7	Candidate Name				Amount of Each Disbursement this Period			
Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Mailing Address City State Zip Code FEC Identification Number Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Memo Item State: District: Substotal Primary General Other (specify) Memo Item Substotal Of Disbursements This Page (optional)	ō	Office Sought: House Disburse	ment For:		туре				
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