

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

FEC  
FORM 3X

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

Miraca Life Sciences Inc Employees Federal PAC

ADDRESS (number and street) 6655 N Macarthur Boulevard

Check if different than previously reported. (ACC) Irving TX 75039-2443

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00524710 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:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

(c) 12-Day PRE-Election Report for the:

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12S)	

Election on MM / DD / YYYY in the State of XX

(d) 30-Day POST-Election Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on MM / DD / YYYY in the State of XX

5. Covering Period MM / DD / YYYY 01 / 01 / 2013 through MM / DD / YYYY 06 / 30 / 2013

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 Amanda R. Payne

Signature of Treasurer Amanda R. Payne [Electronically Filed] Date MM / DD / YYYY 07 / 25 / 2013

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

**Miraca Life Sciences Inc Employees Federal 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="2013"/>	<input type="text" value="1000.00"/>	<input type="text" value="1000.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="1000.00"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="13147.92"/>	<input type="text" value="13147.92"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="14147.92"/>	<input type="text" value="14147.92"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1500.00"/>	<input type="text" value="1500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="12647.92"/>	<input type="text" value="12647.92"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="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

**Miraca Life Sciences Inc Employees Federal 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).....	13140.78	13140.78
(ii) Unitemized .....	7.14	7.14
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	13147.92	13147.92
(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) .....	13147.92	13147.92
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))..... ▶	13147.92	13147.92
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	13147.92	13147.92

**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 .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1500.00	1500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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	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 .....	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	1500.00	1500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1500.00	1500.00

**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) .....	13147.92	13147.92
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	13147.92	13147.92
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ..... ▶	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....▶	0.00	0.00

**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 6 OF 11
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Frank Basile**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 W. Las Colinas Blvd #232

City Irving	State TX	Zip Code 75039
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation CEO
--	-------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
2500.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
04	/	12	/	2013

**Transaction ID : SA11AI.4138**

Amount of Each Receipt this Period  

2500.00
---------

one-time payroll deduction

**B. Russ Farr**  
Full Name (Last, First, Middle Initial)

Mailing Address 657 N. Tatum Lane

City Gilbert	State AZ	Zip Code 85234
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation SVP General Counsel
--	-----------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1000.00

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
03	/	29	/	2013

**Transaction ID : SA11AI.4137**

Amount of Each Receipt this Period  

1000.00
---------

one-time payroll deduction

**C. Tom Hall**  
Full Name (Last, First, Middle Initial)

Mailing Address 301 Las Colinas Blvd #468

City Irving	State TX	Zip Code 75039
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation Director, Safety and Security
--	---

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
06	/	25	/	2013

**Transaction ID : SA11AI.4151**

Amount of Each Receipt this Period  

500.00
--------

check

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4000.00
<b>TOTAL</b> 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 11
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Jennifer Jacobs**  
Full Name (Last, First, Middle Initial)  
Mailing Address 9212 Liptonshire  
City Dallas State TX Zip Code 75238  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation VP, HR  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 1000.00

Date of Receipt 06 / 21 / 2013  
**Transaction ID : SA11AI.4142**  
Amount of Each Receipt this Period 1000.00  
one-time payroll deduction

**B. Dr. Renata Joffe**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2828 Hood St. #807  
City Dallas State TX Zip Code 75219  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 2000.00

Date of Receipt 06 / 21 / 2013  
**Transaction ID : SA11AI.4143**  
Amount of Each Receipt this Period 2000.00  
one-time payroll deduction

**C. Dr. Armineh Kajoian**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2105 Canyon Park Drive  
City Southlake State TX Zip Code 76092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify)  Aggregate Year-to-Date 500.00

Date of Receipt 06 / 11 / 2013  
**Transaction ID : SA11AI.4148**  
Amount of Each Receipt this Period 500.00  
check

**SUBTOTAL** of Receipts This Page (optional)..... 3500.00  
**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 11
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Dr. Richard Lash**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1430 Eagle Bend Dr.  
City Southlake State TX Zip Code 76092  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation SVP, CMO  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 09 / 2013  
**Transaction ID : SA11AI.4145**  
Amount of Each Receipt this Period 1000.00  
check

**B. Cynthia Lundy**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2011 Simmons Rd  
City Flower Mound State TX Zip Code 75022  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation SVP Information Strategies  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 01 / 2013  
**Transaction ID : SA11AI.4140**  
Amount of Each Receipt this Period 1000.00  
check

**C. Dr. Daniel Nevin**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2707 Cole Ave #602  
City Dallas State TX Zip Code 75204  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Miraca Life Sciences, Inc. Occupation Medical Doctor  
Receipt For:  Primary  General  Other (specify) ▼  
Aggregate Year-to-Date ▼ 250.00

Date of Receipt 06 / 11 / 2013  
**Transaction ID : SA11AI.4149**  
Amount of Each Receipt this Period 250.00  
check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2250.00  
**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 9 OF 11
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. John Norkett**  
Full Name (Last, First, Middle Initial)

Mailing Address 2629 Napier Ln

City Flower Mound State TX Zip Code 75022

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

Name of Employer Miraca Life Sciences, Inc. Occupation SVP Managed Care & Reimbursement

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 04 / 27 / 2013  
Transaction ID : SA11AI.4141

Amount of Each Receipt this Period 1000.00

check

**B. Dr. Mohammad Saboorian**  
Full Name (Last, First, Middle Initial)

Mailing Address 5131 Southbrooks

City Dallas State TX Zip Code 75209

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

Name of Employer Miraca Life Sciences, Inc. Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 06 / 05 / 2013  
Transaction ID : SA11AI.4146

Amount of Each Receipt this Period 1000.00

check

**C. Dr. Rajal Shah**  
Full Name (Last, First, Middle Initial)

Mailing Address 1812 Kings Isle Dr

City Plano State TX Zip Code 75093

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

Name of Employer Miraca Life Sciences, Inc. Occupation Medical Doctor

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 400.00

Date of Receipt 06 / 14 / 2013  
Transaction ID : SA11AI.4150

Amount of Each Receipt this Period 400.00

check

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 2400.00

**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 11
<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)  
**Miraca Life Sciences Inc Employees Federal PAC**

**A. Kathleen Winter**  
Full Name (Last, First, Middle Initial)  
Mailing Address 2021 North Hill Drive

City Irving	State TX	Zip Code 75038
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation VP - Materials and Facilities
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **375.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	01	/	2013

**Transaction ID : SA11AI.4136**

Amount of Each Receipt this Period  

375.00
--------

 \$125 bi-weekly payroll deduction

**B. Dr. Qinghua Yang**  
Full Name (Last, First, Middle Initial)  
Mailing Address 7226 Native Oak Lane

City Irving	State TX	Zip Code 75063
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation Medical Doctor
--	------------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	10	/	2013

**Transaction ID : SA11AI.4147**

Amount of Each Receipt this Period  

300.00
--------

 check

**C. Thomas Zaves**  
Full Name (Last, First, Middle Initial)  
Mailing Address 1020 Roundrock Cir

City Coppell	State TX	Zip Code 75019
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FEC ID number of contributing federal political committee. **C**

Name of Employer Miraca Life Sciences, Inc.	Occupation SVP Strategy
--	----------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ **315.78**

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	21	/	2013

**Transaction ID : SA11AI.4139**

Amount of Each Receipt this Period  

315.78
--------

 \$52.63 bi-weekly payroll deductions

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>990.78</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>13140.78</b>

**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"/> 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)  
**Miraca Life Sciences Inc Employees Federal PAC**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
lunch

Category/  
Type

Candidate Name

**FRIENDS OF JOE PITTS**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.4156**

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

**B. FRIENDS OF JOE PITTS**

Mailing Address PO BOX 775

City UNIONVILLE State PA Zip Code 19375

Purpose of Disbursement  
lunch

Category/  
Type

Candidate Name

**FRIENDS OF JOE PITTS**

Office Sought:  House  
 Senate  
 President  
State: PA District: 16

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

**Transaction ID : SB23.4157**

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:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

/  /

Amount of Each Disbursement this Period

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

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