24038564308

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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

Wellcare Health Plans, Inc. Good Government Fund

ADDRESS (number and street) ▼ 6800 N Dale Mabry Hwy

Suite 270

Check if different than previously reported. (ACC)

Tampa — CITY ▲ — FL — STATE ▲ — 33614 — ZIPCODE ▲

2. FEC IDENTIFICATION NUMBER ▼ 00390575

3. IS THIS REPORT [X] NEW (N) OR [ ] AMENDED (A)

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- [ ] April 15 Quarterly Report (Q1)
- [ ] July 15 Quarterly Report (Q2)
- [X] 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)
- [ ] Mar 20 (M3)
- [ ] Apr 20 (M4)
- [ ] May 20 (M5)
- [ ] Jun 20 (M6)
- [ ] Jul 20 (M7)
- [ ] Aug 20 (M8)
- [ ] Sep 20 (M9)
- [ ] Oct 20 (M10)
- [ ] Nov 20 (M11) (Non-Election Year Only)
- [ ] Dec 20 (M12) (Non-Election Year Only)
- [ ] Jan 31 (YE)

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

- [ ] Primary (12P)
- [ ] Convention (12C)
- [ ] General (12G)
- [ ] Special (12S)
- [ ] Runoff (12R)

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 2004 through 09 30 2004

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 K Smith

Signature of Treasurer: Electronically Filed by [signature] Date: 10 15 2004

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. 02/2003)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 2004		0.00
(b) Cash on Hand at Begining of Reporting Period	27227.73	
(c) Total Receipts (from Line 19)	5776.00	41139.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33003.73	41139.00
7. Total Disbursements (from Line 31)	26500.00	34635.27
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	6503.73	6503.73
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	

X 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. 02/2003) Page 3

Write or Type Committee Name
Wellcare Health Plans, Inc. Good Government Fund

Report Covering the Period: From: 07 01 2004 To: 09 30 2004

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)	5346.00	
(ii) Unitemized	430.00	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ➤	5776.00	41139.00
(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) ➤	5776.00	41139.00
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 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))	5776.00	41139.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5776.00	41139.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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	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	26500.00	34500.00
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	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	135.27
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))	26500.00	34635.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31)	26500.00	34635.27

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

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(c), page 3)	5776.00	41139.00
34. Total Contribution Refunds (from Line 26(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5776.00	41139.00
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

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SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 13
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 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)
Wellcare Health Plans, Inc. Good Government Fund

A.
Full Name (Last, First, Middle Initial)
paul behrens
Mailing Address 9401 woodbay dr
City: tampa
State: FL
Zip Code: 33626
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 2600.00
Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4335
Amount of Each Receipt this Period: 1400.00
payroll

B.
Full Name (Last, First, Middle Initial)
gary brown
Mailing Address 3085 fernanagh dr
City: tallahassee
State: FL
Zip Code: 32309
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4336
Amount of Each Receipt this Period: 150.00
payroll

C.
Full Name (Last, First, Middle Initial)
john burke
Mailing Address 2 courtney lane
City: breezy pt
State: NY
Zip Code: 11697
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: Primary / General / Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4338
Amount of Each Receipt this Period: 300.00
payroll

SUBTOTAL of Receipts This Page (optional) ▶ 1850.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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

FOR LINE NUMBER: (check only one) PAGE 7 / 13

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
vince carver

Mailing Address 15951 sw 6th st

City: pembroke pines | State: FL | Zip Code: 33027

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare | Occupation: manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 260.00

Date of Receipt: 09 30 2004

Transaction ID: SA11A1.4339

Amount of Each Receipt this Period: 140.00

payroll

B. Full Name (Last, First, Middle Initial)
gretchen domardini

Mailing Address 2568 frisco dr

City: clearwater | State: FL | Zip Code: 33761

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare | Occupation: manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 364.00

Date of Receipt: 09 30 2004

Transaction ID: SA11A1.4340

Amount of Each Receipt this Period: 196.00

payroll

C. Full Name (Last, First, Middle Initial)
jay green

Mailing Address 1211 w horatio st unit d

City: tampa | State: FL | Zip Code: 33606

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare | Occupation: manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify)

Aggregate Year-to-Date: 360.00

Date of Receipt: 09 30 2004

Transaction ID: SA11A1.4341

Amount of Each Receipt this Period: 210.00

payroll

SUBTOTAL of Receipts This Page (optional) ▶ 546.00

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

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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 / 13

[X] 11a [ ] 11b [ ] 11c [ ] 12 [ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (in Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
david feit
Mailing Address 10606 rochester way
City: tampa State: FL Zip Code: 33626
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4342
Amount of Each Receipt this Period: 250.00
payroll

B. Full Name (Last, First, Middle Initial)
jamie martin
Mailing Address 9772 ashworth dr
City: tampa State: FL Zip Code: 33647
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 300.00

Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4343
Amount of Each Receipt this Period: 200.00
payroll

C. Full Name (Last, First, Middle Initial)
steve ogiva
Mailing Address 12039 tuscany bay dr
City: tampa State: FL Zip Code: 33620
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4344
Amount of Each Receipt this Period: 200.00
payroll

SUBTOTAL of Receipts This Page (optional) ▶ 650.00

TOTAL 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 9 / 13
(check only one)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
lou sessa
Mailing Address 7916 48th pl e
City: bradenton State: FL Zip Code: 34203
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00

Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4348
Amount of Each Receipt this Period: 300.00
payroll

B. Full Name (Last, First, Middle Initial)
rupesh shah
Mailing Address 2506 lake ellen dr
City: tampa State: FL Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 3000.00

Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4349
Amount of Each Receipt this Period: 1000.00
payroll

C. Full Name (Last, First, Middle Initial)
david smith
Mailing Address 12503 clendenning dr
City: tampa State: FL Zip Code: 33618
FEC ID number of contributing federal political committee: C
Name of Employer: wellcare
Occupation: manager
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1000.00

Date of Receipt: 09 30 2004
Transaction ID: SA11A1.4368
Amount of Each Receipt this Period: 400.00
payroll

SUBTOTAL of Receipts This Page (optional) ▶ 1700.00

TOTAL 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 10 / 13
(check only one)

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

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
dans wilkosz

Mailing Address 2065 iowa ave ne

City: st petersburg
State: FL
Zip Code: 33703

FEC ID number of contributing federal political committee: C

Name of Employer: wellcare
Occupation: manager

Receipt For: ☐ Primary ☐ General ☐ Other (specify) ▼

Aggregate Year-to-Date ▼ 975.00

Date of Receipt: 09 30 2004

Transaction ID: SA11A1.4361

Amount of Each Receipt this Period: 600.00

payroll

SUBTOTAL of Receipts This Page (optional) ▶	600.00
TOTAL This Period (last page this line number only) ▶	5346.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

PAGE 11 / 13

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle Initial)
BILIRAKIS, MICHAEL

Transaction ID: SB23.4352
Date of Disbursement: 08 / 24 / 2004

Mailing Address: PO BOX 697

City: TARPON SPRINGS | State: FL | Zip Code: 34688

Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement:

Candidate Name: BILIRAKIS, MICHAEL

Category/Type: 011

Office Sought: X House ☐ Senate ☐ President

Disbursement For: Primary ☐ General ☐ Other (specify) ▼

State: FL District: 09

B. Full Name (Last, First, Middle Initial)
CAROLE GREEN FOR CONGRESS

Transaction ID: SB23.4355
Date of Disbursement: 07 / 06 / 2004

Mailing Address: 9131 COLLEGE PARKWAY 13-B #217

City: FORT MYERS | State: FL | Zip Code: 33919

Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement:

Candidate Name: CAROLE GREEN FOR CONGRESS

Category/Type: 011

Office Sought: X House ☐ Senate ☐ President

Disbursement For: X Primary ☐ General ☐ Other (specify) ▼

State: FL District: 14

C. Full Name (Last, First, Middle Initial)
CAROLE GREEN FOR CONGRESS

Transaction ID: SB23.4356
Date of Disbursement: 07 / 06 / 2004

Mailing Address: 9131 COLLEGE PARKWAY 13-B #217

City: FORT MYERS | State: FL | Zip Code: 33919

Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement:

Candidate Name: CAROLE GREEN FOR CONGRESS

Category/Type: 011

Office Sought: X House ☐ Senate ☐ President

Disbursement For: ☐ Primary X General ☐ Other (specify) ▼

State: FL District: 14

SUBTOTAL of Disbursements This Page (optional) ▶ 13000.00

TOTAL 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)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (in Full)
Wellcare Health Plans, Inc. Good Government Fund

A. Full Name (Last, First, Middle initial)
FRIENDS OF JOHNNIE BYRD

Transaction ID: SB23.4352
Date of Disbursement: 07 / 06 / 2004

Mailing Address PO BOX 566

City: PLANT CITY State: FL Zip Code: 33564

Amount of Each Disbursement this Period: 3000.00

Purpose of Disbursement:

Candidate Name: FRIENDS OF JOHNNIE BYRD

011 Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: FL District: 00

Disbursement For: [X] Primary [ ] General [ ] Other (specify)

B. Full Name (Last, First, Middle initial)
FRIENDS OF JOHNNIE BYRD

Transaction ID: SB23.4354
Date of Disbursement: 07 / 06 / 2004

Mailing Address PO BOX 566

City: PLANT CITY State: FL Zip Code: 33564

Amount of Each Disbursement this Period: 5000.00

Purpose of Disbursement:

Candidate Name: FRIENDS OF JOHNNIE BYRD

011 Category/Type

Office Sought: [ ] House [X] Senate [ ] President
State: FL District: 00

Disbursement For: [ ] Primary [X] General [ ] Other (specify)

C. Full Name (Last, First, Middle initial)
FRIENDS OF KATHERINE HARRIS

Transaction ID: SB23.4384
Date of Disbursement: 08 / 27 / 2004

Mailing Address P. O. Box 25187

City: Sarasota State: FL Zip Code: 34277

Amount of Each Disbursement this Period: 2500.00

Purpose of Disbursement:

Candidate Name: FRIENDS OF KATHERINE HARRIS

011 Category/Type

Office Sought: [X] House [ ] Senate [ ] President
State: FL District: 13

Disbursement For: [ ] Primary [ ] General [ ] Other (specify)

SUBTOTAL of Disbursements This Page (optional) ▶ 10500.00

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

SCHEDULE B (FECForm 3X)
ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER: (check only one)
[ ] 21b [ ] 22 [X] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

PAGE 13/13

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NAME OF COMMITTEE (In Full)
Wellcare Health Plans, Inc. Good Government Fund

A.
Full Name (Last, First, Middle Initial)
national senatorial committee

Transaction ID: SB23.4357
Date of Disbursement
08 / 19 / 2004

Mailing Address

City State Zip Code

Amount of Each Disbursement this Period
2000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
NATIONAL REPUBLICAN SENATORIAL COMMITTEE

Office Sought: [ ] House [ ] Senate [ ] President
State: District:

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

B.
Full Name (Last, First, Middle Initial)
SWEENEY FOR CONGRESS

Transaction ID: SB23.4365
Date of Disbursement
09 / 02 / 2004

Mailing Address Post Office Box 1465

City Clifton Park State NY Zip Code 12065

Amount of Each Disbursement this Period
1000.00

Purpose of Disbursement

011
Category/ Type

Candidate Name
SWEENEY FOR CONGRESS

Office Sought: [X] House [ ] Senate [ ] President
State: NY District: 20

Disbursement For: [ ] Primary [ ] General [ ] Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

TOTAL This Period (last page this line number only) ▶ 26500.00

24038564321

Federal Election Commission

ENVELOPE REPLACEMENT PAGE FOR INCOMING DOCUMENTS

The FEC added this page to the end of this filing to indicate how it was received.

☐ Hand Delivered	Date of Receipt
☐ USPS First Class Mail	Postmarked
☐ USPS Registered/Certified	Postmarked (R/C)
☐ USPS Priority Mail	Postmarked Delivery Confirmation ™ Label ☐
☐ USPS Express Mail	Postmarked
☐ Postmark Illegible	
☐ No Postmark	
☑ Overnight Delivery Service (Specify): UPS	Shipping Date 10-15-04
☐ Received from House Records & Registration Office	Date of Receipt
☐ Received from Senate Public Records Office	Date of Receipt
☐ Received from Electronic Filing Office	Date of Receipt
☐ Other (Specify):	Date of Receipt or Postmarked

JA
PREPARER

10-18-04
DATE PREPARED

(5/2004)