

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

Chesapeake 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="2012"/>	<input type="text" value=""/>	<input type="text" value="41.13"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18768.51"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="15500.00"/>	<input type="text" value="43000.00"/>
(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="34268.51"/>	<input type="text" value="43041.13"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="16525.03"/>	<input type="text" value="25297.65"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="17743.48"/>	<input type="text" value="17743.48"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

Chesapeake 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).....	3000.00	15500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	3000.00	15500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	12500.00	27500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	15500.00	43000.00
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))..... ▶	15500.00	43000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	15500.00	43000.00

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	1525.03	3547.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	1525.03	3547.65
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	15000.00	21750.00
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)) ..	16525.03	25297.65
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	16525.03	25297.65

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)	15500.00	43000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	15500.00	43000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	1525.03	3547.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	1525.03	3547.65

**SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 6 OF 12
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<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)
Chesapeake PAC

Full Name (Last, First, Middle Initial) A. Gary Mangum		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 200 Bridgeview Ln		Transaction ID : SA11AI.4236
City Stevensville	State MD	Zip Code 21666
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2000.00	
Name of Employer Bell Nursery	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2000.00	

Full Name (Last, First, Middle Initial) B. Dr Guy Miller		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 25 / 2012
Mailing Address 16161 Bachman Ct		Transaction ID : SA11AI.4234
City Monte Sereno	State CA	Zip Code 95030
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Edison Pharma	Occupation Executive	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) C.		Date of Receipt M M M / D D D / Y Y Y Y Y Y
Mailing Address		
City	State	Zip Code
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period	
Name of Employer	Occupation	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

SUBTOTAL of Receipts This Page (optional).....▶	3000.00
TOTAL This Period (last page this line number only).....▶	3000.00

**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 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)
Chesapeake PAC

A. Full Name (Last, First, Middle Initial)
FIRST COLONIES ANESTHESIA ASSOCIATES LLC POLITICAL ACTION COMMITTEE

Mailing Address 7490 NEW TECHNOLOGY WAY

City FREDERICK	State MD	Zip Code 21703
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FEC ID number of contributing federal political committee. **C** C00416305

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	15	/	2012

Transaction ID : SA11C.4265

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
NATIONAL MARINE MANUFACTURERS ASSOCIATION'S BOAT POLITICAL ACTION COMMITTEE

Mailing Address 444 NORTH CAPITOL STREET, N.W.
SUITE 645

City WASHINGTON	State DC	Zip Code 20001
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00245548

Name of Employer	Occupation
------------------	------------

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
10	/	30	/	2012

Transaction ID : SA11C.4240

Amount of Each Receipt this Period
2500.00

C. Full Name (Last, First, Middle Initial)
POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS

Mailing Address 317 MASSACHUSETTS AVENUE, NE
1ST FLOOR

City WASHINGTON	State DC	Zip Code 20002
--------------------	-------------	-------------------

FEC ID number of contributing federal political committee. **C** C00343137

Name of Employer	Occupation
------------------	------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	05	/	2012

Transaction ID : SA11C.4263

Amount of Each Receipt this Period
5000.00

SUBTOTAL of Receipts This Page (optional).....	12500.00
TOTAL This Period (last page this line number only).....	12500.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
Chesapeake PAC

Full Name (Last, First, Middle Initial)

A. Professional Data Services

Mailing Address 2470 Daniells Bridge Rd Ste 121

City Athens State GA Zip Code 30606

Purpose of Disbursement
PAC Compliance Consulting

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 31 / 2012

Transaction ID : SB21B.4262

Amount of Each Disbursement this Period

1025.03

Full Name (Last, First, Middle Initial)

B. Amy Shuster

Mailing Address 135 E Clement St

City Baltimore State MD Zip Code 21230

Purpose of Disbursement
PAC Fundraising Consulting

001

Candidate Name

Category/
Type

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY
10 / 22 / 2012

Transaction ID : SB21B.4232

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Amount of Each Disbursement this Period

Office Sought: House Senate President

Disbursement For: Primary General Other (specify) ▼

State: District:

Date of Disbursement

MM / DD / YYYY

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

1525.03

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

1525.03

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)
Chesapeake PAC

Full Name (Last, First, Middle Initial)

A. ANDERSON FOR CONGRESS

Mailing Address 160 LOUISVILLE ROAD

City GROVETOWN State GA Zip Code 30813

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
LEE I ANDERSON

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 12

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2012

Transaction ID : SB23.4257

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ANN MARIE BUERKLE FOR CONGRESS

Mailing Address PO BOX 219

City SYRACUSE State NY Zip Code 13214

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
ANN MARIE BUERKLE

Category/
Type

Office Sought: House
 Senate
 President
State: NY District: 24

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		29		2012

Transaction ID : SB23.4254

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. BARTLETT FOR CONGRESS COMMITTEE

Mailing Address PO BOX 280

City BUCKEYSTOWN State MD Zip Code 21717

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
ROSCOE G. BARTLETT

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 06

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		31		2012

Transaction ID : SB23.4261

Amount of Each Disbursement this Period

1000.00

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

4500.00

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

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**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)
Chesapeake PAC

Full Name (Last, First, Middle Initial)

A. BRIAN BILBRAY FOR CONGRESS

Mailing Address 970 SEACOAST DRIVE
7

City State Zip Code
IMPERIAL BEACH CA 91932

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

BRIAN PHILLIP BILBRAY

Category/
Type

Office Sought: House
 Senate
 President
State: CA District: 52

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 25 / 2012

Transaction ID : **SB23.4270**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

B. CRAVAACK FOR CONGRESS CAMPAIGN COMMITTEE

Mailing Address P.O. BOX 40040

City State Zip Code
ST PAUL MN 55104

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

RAYMOND CRAVAACK

Category/
Type

Office Sought: House
 Senate
 President
State: MN District: 08

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : **SB23.4253**

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C. DOLD FOR CONGRESS

Mailing Address PO BOX 6312

City State Zip Code
LIBERTYVILLE IL 60048

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

ROBERT JAMES DOLD JR

Category/
Type

Office Sought: House
 Senate
 President
State: IL District: 10

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : **SB23.4260**

Amount of Each Disbursement this Period

1000.00

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

5000.00

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)

<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)
Chesapeake PAC

Full Name (Last, First, Middle Initial)

A. FRIENDS OF MIA LOVE

Mailing Address 913 WEST GROUSE CIRCLE

City SARATOGA SPRINGS State UT Zip Code 84045

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
MIA LOVE

Category/
Type

Office Sought: House
 Senate
 President
State: UT District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 19 / 2012

Transaction ID : **SB23.4226**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. FRIENDS OF SCOTT DESJARLAIS

Mailing Address P O BOX 90133

City NASHVILLE State TN Zip Code 37209

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
SCOTT EUGENE DESJARLAIS

Category/
Type

Office Sought: House
 Senate
 President
State: TN District: 04

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 25 / 2012

Transaction ID : **SB23.4273**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. NANCY JACOBS FOR CONGRESS

Mailing Address 139 N MAIN STREET 201
WEYRICH CRONIN AND SORRA

City BEL AIR State MD Zip Code 21014

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
NANCY CAMP JACOBS

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 02

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 29 / 2012

Transaction ID : **SB23.4258**

Amount of Each Disbursement this Period

1000.00

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

3000.00

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)

<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)
Chesapeake PAC

Full Name (Last, First, Middle Initial)

A. O'DONNELL FOR CONGRESS

Mailing Address 424 SOLOMONS ISLAND ROAD NORTH

City PRINCE FREDERICK State MD Zip Code 20678

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name
TONY O'DONNELL

Category/
Type

Office Sought: House
 Senate
 President
State: MD District: 05

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 29 / 2012

Transaction ID : **SB23.4259**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. ROMNEY VICTORY INC

Mailing Address 585 COMMERCIAL STREET

City BOSTON State MA Zip Code 02109

Purpose of Disbursement
CONTRIBUTION

011

Candidate Name

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For: 2012
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
10 / 22 / 2012

Transaction ID : **SB23.4229**

Amount of Each Disbursement this Period

1500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00

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

15000.00