



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA 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="2015"/>	<input type="text" value="7708.87"/>	<input type="text" value="7708.87"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="7708.87"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="19951.49"/>	<input type="text" value="19951.49"/>
(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="27660.36"/>	<input type="text" value="27660.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15700.00"/>	<input type="text" value="15700.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="11960.36"/>	<input type="text" value="11960.36"/>
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

PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)

Report Covering the Period: From: 01 / 01 / 2015 To: 03 / 31 / 2015

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).....	4356.49	4356.49
(ii) Unitemized .....	595.00	595.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4951.49	4951.49
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	15000.00	15000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	19951.49	19951.49
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))..... ▶	19951.49	19951.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	19951.49	19951.49

**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 .....	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.....	15700.00	15700.00
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)) ..	15700.00	15700.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15700.00	15700.00

**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) .....	19951.49	19951.49
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	19951.49	19951.49
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: PAGE 6 OF 13  
(check only one)  
 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)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial) <b>A. April Alexander</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	9	/	2	0	1	5													
Mailing Address		<b>Transaction ID : SA11AI.5043</b>																				
City	State	Zip Code																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 240.00																				
Name of Employer	Occupation																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 240.00																					

Full Name (Last, First, Middle Initial) <b>B. Kristin Bass</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	9	/	2	0	1	5													
Mailing Address 812 N. Jackson St		<b>Transaction ID : SA11AI.5040</b>																				
City	State	Zip Code																				
Arlington	VA	22201																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1346.17																				
Name of Employer Pharmaceutical Care Mgmt Assoc	Occupation SVP																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1346.17																					

Full Name (Last, First, Middle Initial) <b>C. Tim Brogan</b>		Date of Receipt <table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>1</td><td>/</td><td>2</td><td>9</td><td>/</td><td>2</td><td>0</td><td>1</td><td>5</td> </tr> </table>	M	M	/	D	D	/	Y	Y	Y	Y	0	1	/	2	9	/	2	0	1	5
M	M	/	D	D	/	Y	Y	Y	Y													
0	1	/	2	9	/	2	0	1	5													
Mailing Address 2804 9th Street S		<b>Transaction ID : SA11AI.5044</b>																				
City	State	Zip Code																				
Arlington	VA	22204																				
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 280.00																				
Name of Employer PCMA	Occupation Policy Analyst																					
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 280.00																					

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1866.17
<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 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)  
**A. Andy Cosgrove**

Mailing Address 2212 N Quintana Street

City State Zip Code  
 Arlington VA 22205

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

Name of Employer Occupation  
 PCMA VP Policy

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 269.22

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : SA11AI.5045**

Amount of Each Receipt this Period  
 269.22

Full Name (Last, First, Middle Initial)  
**B. Clem Cypra**

Mailing Address 1920 12th Street Unit 2

City State Zip Code  
 Washington DC 20009

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 673.05

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : SA11AI.5048**

Amount of Each Receipt this Period  
 673.05

Full Name (Last, First, Middle Initial)  
**C. Brian McCarthy**

Mailing Address 1922 37th Street

City State Zip Code  
 Washington DC 20007

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

Name of Employer Occupation  
 PCMA Assist VP

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
 875.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 29 / 2015

**Transaction ID : SA11AI.5053**

Amount of Each Receipt this Period  
 875.00

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 1817.27

**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 13
<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)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

**A. EXPRESS SERVICES INC PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 9701 BOARDWALK BLVD  
 City OKLAHOMA CITY State OK Zip Code 73162  
 FEC ID number of contributing federal political committee. **C** C00302240  
 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  
 02 / 20 / 2015  
**Transaction ID : SA11C.5027**  
 Amount of Each Receipt this Period  
 5000.00

**B. HUMANA INC. POLITICAL ACTION COMMITTEE**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 975 F STREET, NW SUITE 550  
 City WASHINGTON State DC Zip Code 20004  
 FEC ID number of contributing federal political committee. **C** C00271007  
 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  
 03 / 27 / 2015  
**Transaction ID : SA11C.5029**  
 Amount of Each Receipt this Period  
 5000.00

**C. UNITED HEALTH PAC**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 6214 WEDGEWOOD ROAD  
 City BETHESDA State MD Zip Code 20817  
 FEC ID number of contributing federal political committee. **C** C00321844  
 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  
 03 / 27 / 2015  
**Transaction ID : SA11C.5033**  
 Amount of Each Receipt this Period  
 5000.00

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	15000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15000.00

**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"/> 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)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)

**A. ANN WAGNER FOR CONGRESS**

Mailing Address PO BOX 50

City BALLWIN State MO Zip Code 63022

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 27 / 2015

Transaction ID : SB23.5024

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**B. BEN SASSE FOR US SENATE INC**

Mailing Address PO BOX 1976

City FREMONT State NE Zip Code 68026

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: NE District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 18 / 2015

Transaction ID : SB23.5004

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. DUCKWORTH FOR CONGRESS**

Mailing Address P.O. BOX 59568

City SCHAUMBURG State IL Zip Code 60159

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 19 / 2015

Transaction ID : SB23.5007

Amount of Each Disbursement this Period

1500.00

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

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

3000.00

**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"/> 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)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)

**A. FRIENDS OF PATRICK MURPHY**

Mailing Address 4521 PGA BLVD #412

City PALM BEACH GARDENS State FL Zip Code 33418

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: FL District: 18

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SB23.5001

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B. HURD FOR CONGRESS**

Mailing Address PO BOX 761029

City SAN ANTONIO State TX Zip Code 78245

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: TX District: 23

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB23.5014

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

**C. JOE KENNEDY FOR CONGRESS**

Mailing Address PO BOX 590464

City NEWTON State MA Zip Code 02459

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB23.5020

Amount of Each Disbursement this Period

2500.00

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

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

5600.00

**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"/> 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)  
**PHARMACEUTICAL CARE MANAGEMENT ASSOCIATION POLITICAL ACTION COMMITTEE (PCMA PAC)**

Full Name (Last, First, Middle Initial)

**A. JOHNSON FOR CONGRESS**

Mailing Address PO BOX 14496

City POLAND State OH Zip Code 44514

Purpose of Disbursement

Candidate Name

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

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SB23.4998

Amount of Each Disbursement this Period

2600.00

Full Name (Last, First, Middle Initial)

**B. LEVIN FOR CONGRESS**

Mailing Address PO BOX 37

City ROSEVILLE State MI Zip Code 48066

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: MI District: 09

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 12 / 2015

Transaction ID : SB23.4988

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C. MCCONNELL SENATE COMMITTEE**

Mailing Address PO BOX 1496

City LOUISVILLE State KY Zip Code 40201

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: KY District: 00

Disbursement For: 2020  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
03 / 31 / 2015

Transaction ID : SB23.5017

Amount of Each Disbursement this Period

1000.00

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

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

4600.00

