



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Renaissance Health Service Corporation Political Action Committee

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="2014"/>		74442.59
(b) Cash on Hand at Beginning of Reporting Period.....	71956.77	
(c) Total Receipts (from Line 19) .....	17055.92	25820.10
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	89012.69	100262.69
7. Total Disbursements (from Line 31).....	1750.00	13000.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	87262.69	87262.69
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	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

**Renaissance Health Service Corporation Political Action Committee**

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).....	17050.00	23350.00
(ii) Unitemized .....	0.00	1400.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	17050.00	24750.00
(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) .....	17050.00	24750.00
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	1050.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	5.92	20.10
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))..... ▶	17055.92	25820.10
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	17055.92	25820.10

**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.....	1250.00	10950.00
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 .....	500.00	2050.00
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)) ..	1750.00	13000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1750.00	13000.00

**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) .....	17050.00	24750.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	17050.00	24750.00
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

**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 12
<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)  
**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Paul Carruth</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 21932695</b>
Mailing Address 8416 Seagate Drive		Amount of Each Receipt this Period 500.00
City Raleigh	State NC	Zip Code 27615-4433
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self-employed	Occupation Attorney	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle Initial) <b>B. Mel Collazo D.D.S.</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 21932696</b>
Mailing Address P.O. 21822		Amount of Each Receipt this Period 1400.00
City Little Rock	State AR	Zip Code 72212
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Self-employed	Occupation Orthodontist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. John Collier Jr.</b>		Date of Receipt 08 / 01 / 2014 <b>Transaction ID : 21932697</b>
Mailing Address 401 Brierwood Dr.		Amount of Each Receipt this Period 1000.00
City Columbia	State TN	Zip Code 38401-2202
FEC ID number of contributing federal political committee. <b>C</b>		Contribution
Name of Employer Maury Regional Hospital	Occupation Assistant Administrator	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2900.00
<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 12
	<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)  
**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Olivia Kirtley</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 21932699</b>
Mailing Address 3971 Gulf Shore Blvd.,N Apt 1204			Amount of Each Receipt this Period 1000.00
City Naples	State FL	Zip Code 34103-2105	
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer N/A		Occupation Retired	
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) <b>B. Susan F Smith</b>			Date of Receipt MM / DD / YYYY 08 / 01 / 2014 <b>Transaction ID : 21932700</b>
Mailing Address 2420 North Taylor			Amount of Each Receipt this Period 1400.00
City Little Rock	State AR	Zip Code 72207-3625	
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Metopolitan National Bank		Occupation Senior EVP/COO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1400.00	

Full Name (Last, First, Middle Initial) <b>C. Frank Buzaki Jr.</b>			Date of Receipt MM / DD / YYYY 08 / 08 / 2014 <b>Transaction ID : 21944061</b>
Mailing Address 3767 Heartwood St., NW			Amount of Each Receipt this Period 350.00
City Uniontown	State OH	Zip Code 44685-8603	
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer United Steelworkers		Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2750.00
<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 8 OF 12
	<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)  
**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial) <b>A. Michael T Schaeffer</b>			Date of Receipt MM / DD / YYYY 08 / 04 / 2014
Mailing Address 522 Old State Route 74			<b>Transaction ID : 21944062</b>
City Cincinnati	State OH	Zip Code 45244-2180	Amount of Each Receipt this Period 1200.00
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer self-employed	Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1200.00		

Full Name (Last, First, Middle Initial) <b>B. James R. Stahl DDS</b>			Date of Receipt MM / DD / YYYY 08 / 03 / 2014
Mailing Address 29544 Duxbury Ln.			<b>Transaction ID : 21944063</b>
City Perrysburg	State OH	Zip Code 43551-3412	Amount of Each Receipt this Period 1050.00
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Self-employed	Occupation Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1050.00		

Full Name (Last, First, Middle Initial) <b>C. Campbell Sowell Jr.</b>			Date of Receipt MM / DD / YYYY 08 / 04 / 2014
Mailing Address 4039 Pulaski Hwy			<b>Transaction ID : 21944064</b>
City Culleoka	State TN	Zip Code 38451-2028	Amount of Each Receipt this Period 1400.00
FEC ID number of contributing federal political committee. C			Contribution
Name of Employer Campbell M. Sowell DDS	Occupation Self-Employed Dentist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1400.00		

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3650.00
<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 9 OF 12
<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)  
**Renaissance Health Service Corporation Political Action Committee**

**A. Stephen Chreist**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 65 Pinon Hill Pl. NE  
 City Albuquerque State NM Zip Code 87122-1914  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 08 / 03 / 2014  
**Transaction ID : 21944065**  
 Amount of Each Receipt this Period 1400.00  
 Contribution

**B. James P. Hallan**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 2490 Overglan Ct.  
 City East Lansing State MI Zip Code 48823-9475  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer MI Retailers Association Occupation President & CEO  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt 08 / 16 / 2014  
**Transaction ID : 21950579**  
 Amount of Each Receipt this Period 2500.00  
 Contribution

**C. Patrick Cahill**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3251 Hanover Court  
 City Milford State MI Zip Code 48380-3234  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer N/A Occupation Retired  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1050.00

Date of Receipt 08 / 12 / 2014  
**Transaction ID : 21954511**  
 Amount of Each Receipt this Period 1050.00  
 Contribution

**SUBTOTAL** of Receipts This Page (optional).....▶ 4950.00  
**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: PAGE 10 OF 12  
(check only one)

<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)  
**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Michael B Mountjoy**

Mailing Address 5003 Old Federal Road

City State Zip Code  
Louisville KY 40207-1200

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

Name of Employer Occupation  
Mountjoy & Bressler LLP Accountant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
MM / DD / YYYY  
08 / 21 / 2014

**Transaction ID : 21985588**

Amount of Each Receipt this Period  
1400.00

Contribution

Full Name (Last, First, Middle Initial)  
**B. E Weldon Johnson**

Mailing Address 13 Pine Trail

City State Zip Code  
Texarkana AR 71854-3033

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

Name of Employer Occupation  
Self-employed Construction Industry Consultant

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1400.00

Date of Receipt  
MM / DD / YYYY  
09 / 11 / 2014

**Transaction ID : 22010903**

Amount of Each Receipt this Period  
1400.00

Contribution

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
MM / DD / YYYY

Amount of Each Receipt this Period

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	2800.00
<b>TOTAL</b> This Period (last page this line number only).....▶	17050.00

**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)

**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Stivers For Congress**

Mailing Address 4679 Winterset Drive

City Columbus State OH Zip Code 43220

Purpose of Disbursement  
Contribution

011

Candidate Name

**Rep. Steve Stivers**

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: OH District: 15

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
08 / 07 / 2014

**Transaction ID : 21932683**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. John Moolenaar for Congress**

Mailing Address P.O. Box 2192

City Midland State MI Zip Code 48640

Purpose of Disbursement

011

Candidate Name

**John Moolenaar**

Category/  
Type

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

Disbursement For: 2014  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y  
09 / 25 / 2014

**Transaction ID : 22014205**

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

1250.00

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

1250.00

**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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Renaissance Health Service Corporation Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. Friends of Heard**

Mailing Address 1121 Gartner Court

City State Zip Code  
Obetz OH 43207

Purpose of Disbursement  
Contribution

011

Candidate Name

**OH Rep. Tracy Heard**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2014

**Transaction ID : 21932613**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**B. Committee for Jim Hughes**

Mailing Address 14 E. Gay St.

City State Zip Code  
Columbus OH 43215

Purpose of Disbursement  
Contribution

011

Candidate Name

**OH Sen. Jim Hughes**

Category/  
Type

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2014

**Transaction ID : 21932682**

Amount of Each Disbursement this Period

250.00

Contribution

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

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)..... ▶

500.00

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

500.00