Image# 13960502387 PAGE 1 / 11

## FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

_		For Other Than An Autr	iorizea Committee	Office Use Only
1.	NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
G	Great-West Life & A	Annuity Insurance Compa	any Political Action Con	nmittee
L				
ΑD	DRESS (number and street	•		
ř	Check if different	7T2		
ŀ	than previously reported. (ACC)	Greenwood Village		CO 80111 - L
2.	FEC IDENTIFICATION	I NUMBER ▼ CIT	Y 🛦	STATE ▲ ZIP CODE ▲
	C C00263723	3. IS	THIS EPORT X NEW (N) OR	AMENDED (A)
4.	TYPE OF REPORT (Choose One)	(b) Monthly Feb Report Due On:	20 (M2) May 20 (M5)	Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)
	(a) Quarterly Reports:	Mar	20 (M3) Jun 20 (M6)	Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)
	April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
	Quarterly Repo	rt (Q1) (c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
	Quarterly Repo	rt (Q2) Report for the:	Convention (12C)	Special (12S)
	Quarterly Repo	rt (Q3)	M = M / D = D /	Y Y Y Y in the
	X January 31 Year-End Repo	· · ·	n on	State of
	July 31 Mid-Ye Report (Non-ele Year Only) (MY	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
	Termination Re (TER)	port Election	n on//	in the State of
5.	Covering Period	11 27 2012	through 12	31 / 2012
l ce	ertify that I have examine	d this Report and to the best of	my knowledge and belief it is tr	ue, correct and complete.
Тур	oe or Print Name of Treas	surer Mr Robert Onstad		
Sig	nature of Treasurer	Mr Robert Onstad	[Electronically Filed]	Date 01 / 28 / 2013
NO	TE: Submission of false, e	rroneous, or incomplete information	may subject the person signing	this Report to the penalties of 2 U.S.C. §437g.
	Office Use			FEC FORM 3X Rev. 12/2004

### SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

#### Great-West Life & Annuity Insurance Company Political Action Committee

2012 2012 Report Covering the Period: 12 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 116801.20 January 1. 2012 (b) Cash on Hand at 80424.11 Beginning of Reporting Period..... 20049.89 1494.43 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 81918.54 136851.09 6(a) and 6(c) for Column B)..... 30.03 54962.58 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 81888.51 81888.51 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

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

### Great-West Life & Annuity Insurance Company Political Action Committee

than loans) From: ons Other ommittees e Schedule A)  ) and (ii)	Total This Period  1478.10  15.00  1493.10  0.00  1493.10  0.00  0.00  0.00  0.00	Calendar Year-to-Date  13960.20  1080.00  15040.20  0.00  15040.20  0.00  0.00  0.00
ons Other committees e Schedule A)  ) and (ii)	15.00 1493.10 0.00 0.00 1493.10 0.00 0.00	1080.00 15040.20 0.00 0.00 15040.20 0.00
ommittees e Schedule A)  ) and (ii)	15.00 1493.10 0.00 0.00 1493.10 0.00 0.00	1080.00 15040.20 0.00 0.00 15040.20 0.00
ommittees  sommittees  ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.) 37, page 5)	15.00 1493.10 0.00 0.00 1493.10 0.00 0.00	1080.00 15040.20 0.00 0.00 15040.20 0.00
ommittees	1493.10 0.00 0.00 1493.10 0.00 0.00	15040.20 0.00 0.00 15040.20 0.00
ommittees	1493.10 0.00 0.00 1493.10 0.00 0.00	15040.20 0.00 0.00 15040.20 0.00
ommittees	1493.10 0.00 0.00 1493.10 0.00 0.00	0.00 0.00 15040.20 0.00
ommittees  sommittees  ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.)  37, page 5)	0.00 0.00 1493.10 0.00 0.00	0.00 0.00 15040.20 0.00
ommittees  sommittees  ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.)  37, page 5)	0.00 0.00 1493.10 0.00 0.00	0.00 15040.20 0.00 0.00
committees  ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.) 37, page 5)	0.00 1493.10 0.00 0.00	0.00 15040.20 0.00 0.00
committees  ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.) 37, page 5)	1493.10 0.00 0.00	15040.20 0.00 0.00
ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.) 37, page 5)	1493.10 0.00 0.00	15040.20 0.00 0.00
ns (add Lines d (c)) (Carry 3, page 5)  ated/Other  ecceived  Expenditures etc.) 37, page 5)	0.00	0.00
eceived	0.00	0.00
eceived	0.00	0.00
eceived Expenditures etc.) 37, page 5)	0.00	0.00
eceived Expenditures etc.) 37, page 5)	0.00	0.00
eceived Expenditures etc.) 37, page 5)		
eceived Expenditures etc.) 37, page 5)		
Expenditures etc.) 37, page 5)	0.00	0.00
Expenditures etc.) 37, page 5)	0.00	0.00
Expenditures etc.) 37, page 5)		0.00
etc.) 37, page 5)		
37, page 5)		
	0.00	0.00
ions Made		7 7
es and Other		
o una Guioi	0.00	5000.00
ots		
	1.33	9.69
,	1.00	
	0.00	0.00
- /		
Oalaadula 115)	0.00	0.00
n Schedule H5)	3.00	0.00
dd 19(a) and 10/b))	0.00	0.00
luu 10(a) anu 10(b))	0.00	0.00
	etc.)	etc.)

#### **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			
. Operating Expenditures:  (a) Allocated Federal/Non-Federal	10101 11113 1 61100	Calcilual Teal-to-Date			
Activity (from Schedule H4)					
(i) Federal Share	0.00	0.00			
(ii) Non-Federal Share	0.00	0.00			
(b) Other Federal Operating	0.00	0.00			
Expenditures	0.00	0.00			
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00			
Transfers to Affiliated/Other Party					
Committees	0.00	0.00			
Contributions to Federal Candidates/Committees					
and Other Political Committees	0.00	49000.00			
Independent Expenditures	0.00	0.00			
(use Schedule E)  Coordinated Party Expenditures	0.00	0.00			
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00			
(use deficulte 1)					
Loan Repayments Made	0.00	0.00			
Loans Made	0.00	0.00			
(a) Individuals/Persons Other		0.00			
Than Political Committees	0.06	0.06			
(b) Political Party Committees	0.00	0.00			
(c) Other Political Committees	0.00				
(such as PACs)	0.00	0.00			
_					
(d) Total Contribution Refunds	0.06	0.06			
(add Lines 28(a), (b), and (c))▶	0.00	0.06			
Other Disbursements	29.97	5962.52			
Other Dispulsements	25.51	0002.02			
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) III ouinII Chous	0.00	0.00			
(ii) "Levin" Share(b) Federal Election Activity Paid Entirely	0.00				
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			
_	, , , , , , , , , , , , , , , , , , , ,	, , , , , , , , , , , , , , , , , , , ,			
Total Disbursements (add Lines 21(c), 22,					
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	30.03	54962.58			
Total Fadoral Dishuraamenta					
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)					
from Line 31)	30.03	54962.58			
	7	7			

#### **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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1493.10	15040.20
4. Total Contribution Refunds (from Line 28(d))	0.06	0.06
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1493.04	15040.14
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures     (subtract Line 37 from Line 36)	0.00	0.00

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

	FOF	R LINE	NU	MBER	:	PAGE	6 (	OF	11
Use separate schedule(s)	(che	ck only	or	ne)					
for each category of the Detailed Summary Page	X	11a		11b		11c	12		
		13		14		15	16		$\Box_{17}$

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.

or for commercial purposes, other than usin	g the name and address of any political committee	to solicit contributions from such committee.			
NAME OF COMMITTEE (In Full) Great-West Life & Annuity Ir	nsurance Company Political Action (	Committee			
Full Name (Last, First, Middle Initial)  Mr. JOSEPH P. KERRIGAN Jr.  Mailing Address 155 Lexington Ave.	Mr. JOSEPH P. KERRIGAN Jr.				
City Lovelana	State Zip Code OH 45140	Transaction ID : 8154954  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	192.31			
Name of Employer  Great-West Life & Annuity Insurance Co	Occupation Vice President				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00				
Full Name (Last, First, Middle Initial)  Mr. JOSEPH P. KERRIGAN Jr.  Mailing Address 155 Lexington Ave.		Date of Receipt			
City Lovelana	State Zip Code OH 45140	12 31 2012  Transaction ID : 8207756  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	0.00			
Name of Employer Great-West Life & Annuity Insurance Co	Occupation Vice President				
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  5000.00	[MEMO ITEM] Refund(s) on Schedule B Totaling \$0.06 This char the YTD Total to \$5000.00			
Full Name (Last, First, Middle Initial)  Mr. ROBERT ONSTAD		Date of Receipt			
Mailing Address 6328 Middleton Avenue		12 31 / Y = Y = Y = Y			
City Castle Rock	State Zip Code CO 80104	Transaction ID : PR18884407861  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	45.00			
Name of Employer  Great-West Life & Annuity Insurance Co Receipt For:	Occupation				
Primary General Other (specify) ▼	Aggregate Year-to-Date ▼  390.00	P/R Deduction (\$15.00 Bi-Weekly)			
SUBTOTAL of Receipts This Page (options	al)	237.31			
TOTAL This Period (last page this line nur	nber only)				

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

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

FOR LINE NUMBER:					PAGE	7	OF	11
(che	eck only	or	ne)					
×	11a		11b		11c	12	!	
	13		14		15	16	;	17

/ 2.3at 1133t End a / tiniaity indu	ırance Company Political Action C	Committee
Full Name (Last, First, Middle Initial) Mr. JOSEPH P. KERRIGAN Jr.	-	Date of Receipt
Mailing Address 155 Lexington Ave.		12 31 2012 1
City	State Zip Code	Transaction ID : PR18884467861
Lovelana	OH 45140	_ Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	384.62
Name of Employer	Occupation	1
Great-West Life & Annuity Insurance Co	Vice President	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	4807.75	P/R Deduction (\$192.31 Bi-Weekly)
Full Name (Last, First, Middle Initial)  DEBRA MUHLHAUSER	ı	Date of Receipt
Mailing Address 45 South Harrison		M = M / D = D / Y = Y = Y
City	State 7in Code	12 31 2012
City Denver	State Zip Code CO 80209-3101	Transaction ID : PR35664097861
	55255 5.5.	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	45.00
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 390.00	P/R Deduction (\$15.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)		
. Mr. Peter D. Tilley		Date of Receipt
Mailing Address 6952 East Nichols Place		12 31 2012
City	State Zip Code	Transaction ID : PR6573697861
Centennial	CO 80112-3131	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	60.00
Name of Employer	Occupation	†
Great-West Life & Annuity Insurance Co		
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	520.00	P/R Deduction (\$20.00 Bi-Weekly)
	1	
SUBTOTAL of Receipts This Page (optional)		489.62

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

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

ı	FOR LINE	NUMBER	: PAGE	8 OF	11				
ı	(check only one)								
	<b>X</b> 11a	11b	11c	12					
	13	14	15	16	17				

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or for commercial purposes, other than using	the name and address of any political committee t	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Great-West Life & Annuity Ins	urance Company Political Action C	committee
Full Name (Last, First, Middle Initial)  A. Ms. ROBIN GUGEL		Date of Receipt
Mailing Address 9693 Hemlock Ct.		12 31 2012
City	State Zip Code	Transaction ID : PR6573897861
Highlands Ranch	CO 80130-4123	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	75.00
Name of Employer	Occupation	-
Great-West Life & Annuity Insurance Co	Manager	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General  Other (specify) ▼	650.00	P/R Deduction (\$25.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  3. Mr. Charles Nelson		Date of Receipt
Mailing Address 1187 E. Jesse Ct.		M M / D D / Y Y Y Y
		12 31 2012
City	State Zip Code	Transaction ID: PR6573917861
Highlands Ranch	CO 80126-4725	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	346.17
Name of Employer	Occupation	-
Great-West Life & Annuity Insurance Co	Senior Vice President, Retirement Serv	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General  Other (specify) ▼	3000.14	P/R Deduction (\$115.39 Bi-Weekly)
Full Name (Last, First, Middle Initial)  C. Mr. David Aspinwall		Date of Receipt
Mailing Address 4401 S. Vine Way		12 31 2012
City	State Zip Code	Transaction ID : PR6574017861
Englewood	CO 80113-6029	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	-
Great-West Life & Annuity Insurance Co	Vice President, Counsel & Chief Compli	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	00 0	P/R Deduction (\$50.00 Bi-Weekly)
Other (specify) ▼	1300.00	
SUBTOTAL of Receipts This Page (optional).	· · · · · · · · · · · · · · · · · · ·	571.17
TOTAL This Period (last page this line number	er only)	

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

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

I COLLETTE HOUSELL					PAGE	=	9	OF	11	
	(check only one)									
	×	11a		11b		11c		12	2	
		13		14		15		16	6	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.

or for commercial purposes, other than using	the name and address of any political committee to	o solicit contributions from such committee.
NAME OF COMMITTEE (In Full)  Great-West Life & Annuity Ins	urance Company Political Action C	ommittee
Full Name (Last, First, Middle Initial)  Ms. SARA RICHMAN		Date of Receipt
Mailing Address 9393 S. Wolfe St.		12 31 2012
City Highlands Panch	State Zip Code CO 80129-5767	Transaction ID : PR6574147861
Highlands Ranch		Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	30.00
Name of Employer	Occupation	
Great-West Life & Annuity Insurance Co Receipt For:	Assistant Vice-President, Life Insuran	-
Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼  260.00	P/R Deduction (\$10.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)  3. Mr. William Harmon		Date of Receipt
Mailing Address 7050 S. Picadilly Street		12 312012
City	State Zip Code	Transaction ID : PR6574327861
Aurora	CO 80016-2345	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	150.00
Name of Employer	Occupation	1
Great-West Life & Annuity Insurance Co	Vice President	
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼ 1300.00	P/R Deduction (\$50.00 Bi-Weekly)
Full Name (Last, First, Middle Initial)	<u> </u>	Date of Receipt
Mailing Address		M = M / D = D / Y = Y = Y
City	State Zip Code	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	
Name of Employer	Occupation	
Receipt For:  Primary General  Other (specify)	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)	· · · · · · · · · · · · · · · · · · ·	180.00
TOTAL This Period (last page this line numb	er only)	1478.10

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 10 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	FOR LINE (check only	NOMBELL.
		21b	22 23 24 25 26
	Detailed Summary Page	27	X 28a 28b 28c 29 30k
Any information copied from such Reports and Statem	ents may not be sold or used	by any nerso	
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
Great-West Life & Annuity Insurance	e Company Political	Action Co	ommittee
	o Joinparty 1 Ontioal	, 1011011 00	
Full Name (Last, First, Middle Initial)			
A. Mr. JOSEPH P. KERRIGAN Jr.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address 155 Lexington Ave.			12 31 2012
Cit.	Hata Zin Onda		
,	State Zip Code OH 45140		Transaction ID: 8154952
Lovelana Purpose of Disbursement	45140		
i dipose di bisbuiscinciit		010	Amount of Each Disbursement this Period
Candidate Name	I.		2 2. 2.
		Category/ Type	0.06
Office Sought: House Disbursen	nent For:	1,750	
	Primary General		
	Other (specify)		
State: District:	• • • •		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	state Zip Code		
Purpose of Disbursement			
i aipose of bisbuisoment			Amount of Each Disbursement this Period
Candidate Name	I.	0.11	Table 5. Each Dissillation that I offer
		Category/ Type	
Office Sought: House Disbursen	nent For:	.,,,,	
	Primary General		
	Other (specify)		
State: District:	· · · · · · · · · · · · · · · · · · ·		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y
Mailing Address			
-			
City	tate Zip Code		
Purpose of Disbursement	Τ_		
F			Amount of Each Disbursement this Period
Candidate Name		Catagory	Amount of Lacif Dispulsement this Pellod
		Category/ Type	
Office Sought: House Disbursen	nent For:	A1: :	
	Primary General		
President	Other (specify)		
State: District:	•		
SUBTOTAL of Disbursements This Page (optional)			0.06
TOTAL This Period (last page this line number only)			0.06

SCHEDULE B (FEC Form 3X)		EOD LINE	NUMBER: PAGE 11 OF 11
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	NOMBER:
II LIVIIZED DISBURSEWEN IS	for each category of the	21b	22 23 24 25 26
	Detailed Summary Page	27	28a 28b 28c X 29 30b
Any information copied from such Reports and State	ements may not be sold or use	ed by any nerse	on for the purpose of soliciting contributions
or for commercial purposes, other than using the na			
NAME OF COMMITTEE (In Full)			
Great-West Life & Annuity Insurar	nce Company Politica	al Action Co	ommittee
/	. , ,		
Full Name (Last, First, Middle Initial)			Data of Diahamanan
A. US Bank			Date of Disbursement
Mailing Address P.O. Box 1800			12 14 2012
			12 14 2012
City	State Zip Code		Towns of the ID 0405505
St. Paul	MN 55101		Transaction ID: 8195525
Purpose of Disbursement			
Condidate Name		001	Amount of Each Disbursement this Period
Candidate Name		Category/	29.97
Office Sought: House Disburs	ement For:	Туре	
Senate	Primary General		
President	Other (specify)		
State: District:	( 1 - 2 )/ <b>V</b>		
Full Name (Last, First, Middle Initial)			
В.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	Ctoto 7:- 0-1-		
City	State Zip Code		
Purpose of Disbursement			
			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	
	ement For:		
Senate President	Primary General		
State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C.			Date of Disbursement
			M M / D D / Y Y Y Y
Mailing Address			
City	State Zip Code		
Purpose of Disbursement	T		
			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Dispulsement this Fellou
		Type	
Office Sought: House Disburs	ement For:		
Senate	Primary General		
President	Other (specify) ▼		
State: District:			
			29.97
SUBTOTAL of Disbursements This Page (optional)		······	20.01
TOTAL This Period (last page this line number onl	v)		29.97
i i i i o i onou (iuot pago tillo lillo liulibel Ull	<i>」</i> / · · · · · · · · · · · · · · · · · ·		