

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP 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="2021"/>	<input type="text" value="23461.44"/>	<input type="text" value="23461.44"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="58985.74"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="1335.00"/>	<input type="text" value="46140.00"/>
(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="60320.74"/>	<input type="text" value="69601.44"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8189.33"/>	<input type="text" value="17470.03"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="52131.41"/>	<input type="text" value="52131.41"/>
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

Write or Type Committee Name

Alliance for Pharmacy Compounding PAC (COMP 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).....	1285.00	44535.00
(ii) Unitemized	50.00	1605.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	1335.00	46140.00
(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)	1335.00	46140.00
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)).....▶	1335.00	46140.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	1335.00	46140.00

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	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.....	8000.00	14500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	189.33	2970.03
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8189.33	17470.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8189.33	17470.03

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	1335.00	46140.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1335.00	46140.00
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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Navarra, Joseph, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 415 Crossways Park Dr
 City Woodbury State NY Zip Code 11797-2055
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Town Total Compounding Center Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867036
 Amount of Each Receipt this Period 100.00
 Memo Item

B. Thompson, Tara, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1758 Rosehedge Way NW
 City Kennesaw State GA Zip Code 30152-7756
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Innovation Compounding Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1250.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867037
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Henriksen, Anne, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 50 Ridgeview Dr
 City Pasco State WA Zip Code 99301-8808
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Malley's Compounding Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867038
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	300.00
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: (check only one)	PAGE 7 OF 12
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Bliss, Marcy, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 405 Heron Dr
 200
 City Swedesboro State NJ Zip Code 08085-1749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Wedgewood Pharmacy Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1400.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867039
 Amount of Each Receipt this Period 200.00
 Memo Item

B. Pytlarz, Alexander, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 330 3rd Street S
 1501
 City St Petersburg State FL Zip Code 33701-4251
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Infuserve America Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867040
 Amount of Each Receipt this Period 50.00
 Memo Item

C. Miller, David J., , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4021 Cascade Road, SE
 City Grand Rapids State MI Zip Code 49546-2177
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Keystone Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 420.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867041
 Amount of Each Receipt this Period 105.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	355.00
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: (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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Jerusik, Jason, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 223 Balligomingo Road
 City Conshohocken State PA Zip Code 19428-2605
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Advanced Rx Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 920.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867042
 Amount of Each Receipt this Period 230.00
 Memo Item

B. Kraemer, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 45458 269th Street
 City Parker State SD Zip Code 57053-5244
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pharmacy Specialties & Clinic Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867043
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Hrcir, Jim, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4835 N. O'Connor Road #130
 City Irving State TX Zip Code 75062-2741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Las Colinas Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1200.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867044
 Amount of Each Receipt this Period 50.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	380.00
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: (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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

A. Isbell, Ginny, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 131 Silo Hill Road
 City Madison State AL Zip Code 35758-6116
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Madison Drug Occupation (for Individual) Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867045
 Amount of Each Receipt this Period 50.00
 Memo Item

B. Smith, Donald, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 802 E. Medical Court
 City Post Falls State ID Zip Code 83854-7298
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Medicine Man West Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867046
 Amount of Each Receipt this Period 100.00
 Memo Item

C. Garvin, Cheri, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 109 Old English Court SW
 City Leesburg State VA Zip Code 20175-2900
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Leesburg Pharmacy Occupation (for Individual) RPh
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 400.00

Date of Receipt 04 / 28 / 2021
Transaction ID : 15867047
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	250.00
TOTAL This Period (last page this line number only).....	1285.00

**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"/> 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)

Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Texans For Henry Cuellar Congressional Campaign

Mailing Address 1519 Washington Street
Suite 200

City Laredo State TX Zip Code 78040

Purpose of Disbursement

011
Category/
Type

Candidate Name

Cuellar, Henry, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TX District: 28

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2021

FEC Identification Number

C C00371302

Transaction ID : 15576381

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Jaime For Congress

Mailing Address PO Box 1614

City Ridgefield State WA Zip Code 98642

Purpose of Disbursement

011
Category/
Type

Candidate Name

Herrera-Beutler, Jaime, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: WA District: 03

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2021

FEC Identification Number

C C00472704

Transaction ID : 15576382

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. DIANA FOR CONGRESS

Mailing Address PO Box 7208

City Kingsport State TN Zip Code 37664

Purpose of Disbursement

011
Category/
Type

Candidate Name

Harshbarger, Diana, , ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: TN District: 01

Date of Disbursement

MM / DD / YYYY
04 / 02 / 2021

FEC Identification Number

C C00741090

Transaction ID : 15576383

Amount of Each Disbursement this Period

1000.00

Memo Item

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

4500.00

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"/> 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Cathy McMorris Rodgers For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		19		2021

Mailing Address Box 137

FEC Identification Number

C	C00390476
---	-----------

City Spokane State WA Zip Code 99210

Transaction ID : 15850154

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

2500.00

Candidate Name

McMorris Rodgers, Cathy, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WA District: 05

Memo Item

Full Name (Last, First, Middle Initial)

B. Mark Pocan For Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
04		29		2021

Mailing Address PO Box 327

FEC Identification Number

C	C00502179
---	-----------

City Madison State WI Zip Code 53701

Transaction ID : 15861116

Purpose of Disbursement

011
Category/ Type

Amount of Each Disbursement this Period

1000.00

Candidate Name

Pocan, Mark, , Rep.,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify) ▼

State: WI District: 02

Memo Item

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C	
---	--

City State Zip Code

Amount of Each Disbursement this Period

--

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Memo Item

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

3500.00

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

8000.00

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"/> 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)
Alliance for Pharmacy Compounding PAC (COMP PAC)

Full Name (Last, First, Middle Initial)

A. Comerica Bank

Mailing Address P.O. Box 71203

City Philadelphia

State PA

Zip Code 19176

Purpose of Disbursement
Bank Fees

001

Category/
Type

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
04 / 19 / 2021

FEC Identification Number

C []

Transaction ID : 15867049

Amount of Each Disbursement this Period

[] 22.90

Bank Fees

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

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
[] / [] / []

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

[]

Category/
Type

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
[] / [] / []

FEC Identification Number

C []

Amount of Each Disbursement this Period

[]

Memo Item

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

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

[] 22.90

[] 22.90