

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines.

12FE4M5

Kindred Healthcare, Inc. PAC

ADDRESS (number and street)

680 S. Fourth St.

Check if different
than previously
reported. (ACC)

Louisville

KY

40202

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00242271

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☐ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☒ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the
State of

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Sierpina, Raymond, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Sierpina, Raymond, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Office
Use
Only**FEC FORM 3X**
Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
01		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
01		31		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td colspan="5">171730.37</td></tr></table>	171730.37				
Y	Y	Y	Y	Y													
2018																	
171730.37																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">171730.37</td></tr></table>	171730.37															
171730.37																	
(c) Total Receipts (from Line 19)	<table><tr><td colspan="5">6204.30</td></tr></table>	6204.30					<table><tr><td colspan="5">6204.30</td></tr></table>	6204.30									
6204.30																	
6204.30																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">177934.67</td></tr></table>	177934.67					<table><tr><td colspan="5">177934.67</td></tr></table>	177934.67									
177934.67																	
177934.67																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">49500.00</td></tr></table>	49500.00					<table><tr><td colspan="5">49500.00</td></tr></table>	49500.00									
49500.00																	
49500.00																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	<table><tr><td colspan="5">128434.67</td></tr></table>	128434.67					<table><tr><td colspan="5">128434.67</td></tr></table>	128434.67									
128434.67																	
128434.67																	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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. 05/2016)

Page 3

Write or Type Committee Name

Kindred Healthcare, Inc. PAC

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		0	1		2	0	1	8

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	1		3	1		2	0	1	8

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).....	2093.80	2093.80
(ii) Unitemized	4110.50	4110.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	6204.30	6204.30
(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)	6204.30	6204.30
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))	6204.30	6204.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	6204.30	6204.30

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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.....	49500.00	49500.00
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).....	0.00	0.00
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)) ..	49500.00	49500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	49500.00	49500.00

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)	6204.30	6204.30
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	6204.30	6204.30
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 RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 10

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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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)

Kindred Healthcare, Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Dobler, Stephen, M, ,

Mailing Address 1106 Holly Springs Drive

City
LouisvilleState
KYZip Code
40242-7771FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kindred Healthcare Inc.Occupation (for Individual)
VP Finance Admin & HR

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2018

Transaction ID : PR1094188057951

Amount of Each Receipt this Period

210.00

☐ Memo Item

P/R Deduction (\$105.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Muldoon, Sean, R, ,

Mailing Address 4300 Talahi Way

City
LouisvilleState
KYZip Code
40207-1661FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kindred Healthcare Inc.Occupation (for Individual)
SVP & Chief Med Off HD

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

380.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2018

Transaction ID : PR1094192257951

Amount of Each Receipt this Period

380.00

☐ Memo Item

P/R Deduction (\$190.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Altman, William, M, ,

Mailing Address 9103 Lexington Lane

City
LouisvilleState
KYZip Code
40241-2423FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)
Kindred Healthcare Inc.Occupation (for Individual)
EVP CSO & Chief of Staff

Receipt For:

☐ Primary ☐ General
☐ Other (specify)

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01	/	31	/	2018

Transaction ID : PR1094198057951

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

974.60

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 7 OF 10

(check only one)

☒ 11a	☐ 11b	☐ 11c	☐ 12	☐ 13	☐ 14	☐ 15	☐ 16	☐ 17
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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

A. Breier, Benjamin, A, ,

Mailing Address 5718 Harrods Glen Drive

City

Prospect

State

KY

Zip Code

40059-7644

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kindred Healthcare Inc.

Occupation (for Individual)

Chief Executive Officer

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2018

Transaction ID : PR1094250957951

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

B. Cunanan, Stephen, R, ,

Mailing Address 7913 Farm Spring Drive

City

Prospect

State

KY

Zip Code

40059-7616

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kindred Healthcare Inc.

Occupation (for Individual)

Chief Admin & CPO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2018

Transaction ID : PR2151070257951

Amount of Each Receipt this Period

350.00

☐ Memo Item

P/R Deduction (\$175.00 Bi-Weekly)

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

C. Farber, Stephen, , ,

Mailing Address 5807 Harrods Glen Drive

City

Prospect

State

KY

Zip Code

40059-7650

FEC ID number of contributing
federal political committee.

C

Name of Employer (for Individual)

Kindred Healthcare, Inc.

Occupation (for Individual)

Exec VP & CFO

Receipt For:

☐ Primary
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

384.60

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
01		31		2018

Transaction ID : PR2201869657951

Amount of Each Receipt this Period

384.60

☐ Memo Item

P/R Deduction (\$192.30 Bi-Weekly)

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

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

1119.20

2093.80

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. John Kennedy for US

Mailing Address 2900 Clearview Parkway, Suite 206

City
MetairieState
LAZip Code
70006Purpose of Disbursement
Contribution

011

Candidate Name

Kennedy, John, Neely, Sen.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2022

☒ Primary ☐ General
☐ Other (specify) ▼

State: LA

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	3			2	0	1	8		

FEC Identification Number

C C00608398

Transaction ID : 77002488

Amount of Each Disbursement this Period

5000.00

Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Marsha for Senate

Mailing Address 4916 Thoroughbred Ln

City
BrentwoodState
TNZip Code
37027Purpose of Disbursement
Contribution

011

Candidate Name

Blackburn, Marsha, , Rep.,

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: TN

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			0	9			2	0	1	8		

FEC Identification Number

C C00376939

Transaction ID : 77033958

Amount of Each Disbursement this Period

1000.00

Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Nancy Pelosi for Congress

Mailing Address 700 13th Street NW, Suite 600

City
WashingtonState
DCZip Code
20005Purpose of Disbursement
Contribution

011

Candidate Name

Pelosi, Nancy, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: CA

District: 12

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	1	8		

FEC Identification Number

C C00213512

Transaction ID : 77069192

Amount of Each Disbursement this Period

2500.00

Contribution

☐ Memo Item

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

8500.00

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 PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. McConnell for Majority Leader Committee

Mailing Address 228 S Washington St, Suite 115

City
AlexandriaState
VAZip Code
22314Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			2	2			2	0	1	8		

FEC Identification Number

C

Transaction ID : 77072559

Amount of Each Disbursement this Period

5000.00

Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. Brady Victory Fund

Mailing Address 1790 Hughes Landing Blvd, Ste 375

City
The WoodlandsState
TXZip Code
77380-1689Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	8		

FEC Identification Number

C

Transaction ID : 77134072

Amount of Each Disbursement this Period

25000.00

Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. Comer for Congress

Mailing Address PO Box 338

City
TompkinsvilleState
KYZip Code
42167-0338Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Comer, James, , Rep.,

Office Sought:

☒ House
☐ Senate
☐ President

Disbursement For: 2018

☒ Primary ☐ General
☐ Other (specify) ▼

State: KY

District: 01

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	8		

FEC Identification Number

C

C00588764

Transaction ID : 77134073

Amount of Each Disbursement this Period

1000.00

Contribution

☐ Memo Item

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

31000.00

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 PageFOR LINE NUMBER:
(check only one)

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☐ 21b	☐ 22	☒ 23	☐ 26	☐ 27
☐ 28a	☐ 28b	☐ 28c	☐ 29	☐ 30b

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NAME OF COMMITTEE (In Full)

Kindred Healthcare, Inc. PAC

Full Name (Last, First, Middle Initial)

A. Federation of American Hospitals PAC

Mailing Address 750 9th Street NW, Suite 600

City
WashingtonState
DCZip Code
20001Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

Federation of American Hospitals PAC

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	8		

FEC Identification Number

C C00002261

Transaction ID : 77150484

Amount of Each Disbursement this Period

5000.00

Contribution

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. National Association for Home Care Political Action Committee

Mailing Address 228 7th Street SE

City
WashingtonState
DCZip Code
20003Purpose of Disbursement
Contribution

011

Category/
Type

Candidate Name

National Association for Home Care Political Action Committee

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	1			3	1			2	0	1	8		

FEC Identification Number

C C00188987

Transaction ID : 77150955

Amount of Each Disbursement this Period

5000.00

Contribution

☐ 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	M	/	D	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).....▶

10000.00

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

49500.00