

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.
ARKANSAS VICTORY FUND 2014

ADDRESS (number and street)
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

3. IS THIS REPORT NEW (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) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on / / in the State of
(d) 30-Day POST-Election Report for the: General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period / / through / /

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

Type or Print Name of Treasurer CALEB CROSBY

Signature of Treasurer CALEB CROSBY [Electronically Filed] Date / /

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ARKANSAS VICTORY FUND 2014

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"/>	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="2054.30"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="161925.00"/>	<input type="text" value="226925.00"/>
(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="163979.30"/>	<input type="text" value="226925.00"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="163979.30"/>	<input type="text" value="226925.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="0.00"/>	<input type="text" value="0.00"/>
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

ARKANSAS VICTORY FUND 2014

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).....	158100.00	223100.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	158100.00	223100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	3825.00	3825.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	161925.00	226925.00
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))..... ▶	161925.00	226925.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	161925.00	226925.00

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	4709.58	7606.31
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	4709.58	7606.31
22. Transfers to Affiliated/Other Party Committees.....	149269.72	209318.69
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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	10000.00	10000.00
(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)).....	10000.00	10000.00
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)) ..	163979.30	226925.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	163979.30	226925.00

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)	161925.00	226925.00
34. Total Contribution Refunds (from Line 28(d))	10000.00	10000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	151925.00	216925.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	4709.58	7606.31
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	4709.58	7606.31

**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 21
	<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	

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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial) A. Arthur Agatston		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 28 / 2014
Mailing Address 1633 North View Dr		Transaction ID : SA11AI.4148
City Miami Beach	State FL	Zip Code 33140
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer South Florida Cardiology Assoc	Occupation Cardiologist	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Adam Beren		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 04 / 2014
Mailing Address 1739 N Duckcross Cove		Transaction ID : SA11AI.4188
City Wichita	State KS	Zip Code 67206
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 1000.00	
Name of Employer Berex Co LLC	Occupation President	Contribution
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) C. Fred Berry		Date of Receipt M M M / D D D / Y Y Y Y Y Y 11 / 03 / 2014
Mailing Address 8917 E Douglas		Transaction ID : SA11AI.4176
City Wichita	State KS	Zip Code 67207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 500.00	
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

SUBTOTAL of Receipts This Page (optional).....▶	11500.00
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 21
<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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial) A. Nina Cameron		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 Transaction ID : SA11AI.4156
Mailing Address PO Box 21440		Amount of Each Receipt this Period 10000.00
City Little Rock	State AR	Zip Code 72221
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Ronald Cameron		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 29 / 2014 Transaction ID : SA11AI.4154
Mailing Address PO Box 21440		Amount of Each Receipt this Period 10000.00
City Little Rock	State AR	Zip Code 72221
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Mountainair Corp	Occupation CEO	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. John W Childs		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 30 / 2014 Transaction ID : SA11AI.4168
Mailing Address 165 Sago Palm Rd		Amount of Each Receipt this Period 10000.00
City Vero Beach	State FL	Zip Code 32963
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer J.W. Childs Associates	Occupation Chairman	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	30000.00
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 21
<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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial) A. Harlan Crow		Date of Receipt MM / DD / YYYY 11 / 04 / 2014 Transaction ID : SA11AI.4184
Mailing Address 3819 Maple Ave		Amount of Each Receipt this Period 10000.00
City Dallas	State TX	Zip Code 75219
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Crow Holdings, LLC	Occupation Investor	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) B. Katherine Crow		Date of Receipt MM / DD / YYYY 11 / 04 / 2014 Transaction ID : SA11AI.4186
Mailing Address 4700 Preston Rd		Amount of Each Receipt this Period 10000.00
City Dallas	State TX	Zip Code 75205
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Homemaker	Occupation Homemaker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. Robert Crow		Date of Receipt MM / DD / YYYY 11 / 04 / 2014 Transaction ID : SA11AI.4182
Mailing Address 4015 Stonebridge Dr		Amount of Each Receipt this Period 2500.00
City Dallas	State TX	Zip Code 75204
FEC ID number of contributing federal political committee. C		Contribution
Name of Employer Student	Occupation Student	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	

SUBTOTAL of Receipts This Page (optional).....▶	22500.00
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 9 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

A. Edward Czucker
 Full Name (Last, First, Middle Initial)
 Mailing Address 121 S Beverly Dr
 City Beverly Hills State CA Zip Code 90212
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Legado Companies Occupation Investor
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2600.00

Date of Receipt 10 / 29 / 2014
Transaction ID : SA11AI.4160
 Amount of Each Receipt this Period 2600.00
 Contribution

B. Craig Duchossois
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 N. Larch Avenue
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer The Duchossois Group Occupation CEO
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11AI.4140
 Amount of Each Receipt this Period 5200.00
 Contribution

C. Janet Duchossois
 Full Name (Last, First, Middle Initial)
 Mailing Address 845 N. Larch Avenue
 City Elmhurst State IL Zip Code 60126
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Homemaker Occupation Homemaker
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5200.00

Date of Receipt 10 / 27 / 2014
Transaction ID : SA11AI.4142
 Amount of Each Receipt this Period 5200.00
 Contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 13000.00
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 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial) A. Jerry L Hayden		Date of Receipt M M / D D / Y Y Y Y Y 10 / 29 / 2014
Mailing Address 352 Deepwood Rd		Transaction ID : SA11AI.4164
City Barrington	State IL	Zip Code 60010
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 5000.00	
Name of Employer Retired	Occupation Retired	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name (Last, First, Middle Initial) B. B Heller		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014
Mailing Address PO Box 320845		Transaction ID : SA11AI.4144
City Alexandria	State VA	Zip Code 22320
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12000.00	
Name of Employer Self Employed	Occupation Real Estate	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12000.00	

Full Name (Last, First, Middle Initial) C. Beth Heller		Date of Receipt M M / D D / Y Y Y Y Y 10 / 28 / 2014
Mailing Address PO Box 320845		Transaction ID : SA11AI.4146
City Alexandria	State VA	Zip Code 22320
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 12000.00	
Name of Employer Self Employed	Occupation Real Estate	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 12000.00	

SUBTOTAL of Receipts This Page (optional).....▶	29000.00
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 11 OF 21
	<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)
ARKANSAS VICTORY FUND 2014

A. Richard Kley
Full Name (Last, First, Middle Initial)

Mailing Address 4879 Prestwick S Circle

City Fayetteville State AR Zip Code 72704

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

Name of Employer Bold Dental Management Occupation Health Care Exec

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 1000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.4166

Amount of Each Receipt this Period
 1000.00

Contribution

B. Alex Lieblong
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 24520

City Little Rock State AR Zip Code 72221

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

Name of Employer LEIBLONG & ASSOCIATES Occupation Investments

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.4162

Amount of Each Receipt this Period
 2000.00

Contribution

C. Ira Lipman
Full Name (Last, First, Middle Initial)

Mailing Address PO Box 45

City Memphis State TN Zip Code 38101

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

Name of Employer Guardsmark, LLC Occupation Founder & Chairman

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 04 / 2014

Transaction ID : SA11AI.4180

Amount of Each Receipt this Period
 2000.00

Contribution

SUBTOTAL of Receipts This Page (optional).....▶	5000.00
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 12 OF 21
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial) A. MCNA Health Care Holdings, LLC		Date of Receipt
Mailing Address 200 W Cypress Creek Rd		<input type="text" value="11"/> / <input type="text" value="01"/> / <input type="text" value="2014"/>
City	State	Zip Code
Ft Lauderdale	FL	33309
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4193
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution - Refunded 11/15/14
Aggregate Year-to-Date ▼		
<input type="text" value="10000.00"/>		

Full Name (Last, First, Middle Initial) B. Thomas Page		Date of Receipt
Mailing Address 16161 SW 30th St		<input type="text" value="11"/> / <input type="text" value="03"/> / <input type="text" value="2014"/>
City	State	Zip Code
Benton	KS	67017
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4174
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="2500.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		
<input type="text" value="2500.00"/>		

Full Name (Last, First, Middle Initial) C. William D Perez		Date of Receipt
Mailing Address 81 Seagate Dr #1603		<input type="text" value="10"/> / <input type="text" value="29"/> / <input type="text" value="2014"/>
City	State	Zip Code
Naples	FL	34103
FEC ID number of contributing federal political committee.		Transaction ID : SA11AI.4150
Name of Employer		Amount of Each Receipt this Period
Occupation		<input type="text" value="10000.00"/>
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Contribution
Aggregate Year-to-Date ▼		
<input type="text" value="10000.00"/>		

SUBTOTAL of Receipts This Page (optional).....▶	<input type="text" value="22500.00"/>
TOTAL This Period (last page this line number only).....▶	<input type="text"/>

**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 13 OF 21
	<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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial) A. Wilbur L Ross Jr		Date of Receipt MM / DD / YYYY 11 / 03 / 2014
Mailing Address 328 El Vedado Rd		Transaction ID : SA11AI.4178
City Palm Beach	State FL	Zip Code 33480
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 2600.00	
Name of Employer WL Ross & Co LLC	Occupation Private Equity	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2600.00	

Full Name (Last, First, Middle Initial) B. Angelia Stephens		Date of Receipt MM / DD / YYYY 10 / 20 / 2014
Mailing Address 34 Edgehill Rd		Transaction ID : SA11AI.4138
City Little Rock	State AR	Zip Code 72207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer Homemaker	Occupation Homemaker	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

Full Name (Last, First, Middle Initial) C. J T Stephens Jr		Date of Receipt MM / DD / YYYY 10 / 20 / 2014
Mailing Address 34 Edgehill Rd		Transaction ID : SA11AI.4136
City Little Rock	State AR	Zip Code 72207
FEC ID number of contributing federal political committee. C	Amount of Each Receipt this Period 10000.00	
Name of Employer Exoxemis, Inc	Occupation President	Contribution
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 10000.00	

SUBTOTAL of Receipts This Page (optional).....▶	22600.00
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 14 OF 21
(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)
ARKANSAS VICTORY FUND 2014

A. Full Name (Last, First, Middle Initial)
Charles Weaver

Mailing Address PO Box 60

City El Paso State AR Zip Code 72045

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

Name of Employer WEAVER BAILEY CONTRACTORS, INC. Occupation Owner

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 29 / 2014

Transaction ID : SA11AI.4158

Amount of Each Receipt this Period
2000.00

Contribution

B. Full Name (Last, First, Middle Initial)

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

Amount of Each Receipt this Period

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

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

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	158100.00

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

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

FOR LINE NUMBER: PAGE 15 OF 21
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

A. Pompeo for Congress, Inc
 Full Name (Last, First, Middle Initial)
 Mailing Address PO Box 780146
 City State Zip Code
 Wichita KS 67278
 FEC ID number of contributing federal political committee. **C** C00460402
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 1225.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 30 / 2014
Transaction ID : SA11C.4170
 Amount of Each Receipt this Period
 1225.00
 Contribution

B. The Geo Group PAC
 Full Name (Last, First, Middle Initial)
 Mailing Address 621 Northwest 53rd St
 City State Zip Code
 Boca Raton FL 33487
 FEC ID number of contributing federal political committee. **C** C00382150
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2014
Transaction ID : SA11C.4152
 Amount of Each Receipt this Period
 2600.00
 Contribution

C.
 Full Name (Last, First, Middle Initial)
 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
 M M M / D D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional).....▶	3825.00
TOTAL This Period (last page this line number only).....▶	3825.00

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

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial)

A. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE
#267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 20 / 2014

Transaction ID : SB21B.4195

Amount of Each Disbursement this Period

938.00

Full Name (Last, First, Middle Initial)

B. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE
#267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB21B.4197

Amount of Each Disbursement this Period

487.76

Full Name (Last, First, Middle Initial)

C. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE
#267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 28 / 2014

Transaction ID : SB21B.4198

Amount of Each Disbursement this Period

469.00

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

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

1894.76

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

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial)

A. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE
#267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4199

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE
#267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4200

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C. Campaign Merchant Services

Mailing Address 611 Pennsylvania Ave SE
#267

City Washington State DC Zip Code 20003

Purpose of Disbursement
Credit Card Processing Fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

/ /

Transaction ID : SB21B.4201

Amount of Each Disbursement this Period

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

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

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial)

A. Crosby Ottenhoff Group

Mailing Address PO Box 9891

City State Zip Code
Arlington VA 22219

Purpose of Disbursement
Compliance Consulting

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SB21B.4204

Amount of Each Disbursement this Period

1800.00

Full Name (Last, First, Middle Initial)

B. Crosby Ottenhoff Group

Mailing Address PO Box 9891

City State Zip Code
Arlington VA 22219

Purpose of Disbursement
Shipping/Delivery Service

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SB21B.4205

Amount of Each Disbursement this Period

328.22

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

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)..... ▶

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

2128.22

4679.58

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

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial)

A. COTTON FOR SENATE

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name
THOMAS COTTON

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 27 / 2014

Transaction ID : **SB22.4207**

Amount of Each Disbursement this Period

4882.63

Full Name (Last, First, Middle Initial)

B. COTTON FOR SENATE

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name
THOMAS COTTON

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
10 / 31 / 2014

Transaction ID : **SB22.4209**

Amount of Each Disbursement this Period

11258.11

Full Name (Last, First, Middle Initial)

C. COTTON FOR SENATE

Mailing Address PO BOX 379

City DARDANELLE State AR Zip Code 72834

Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name
THOMAS COTTON

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

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y
11 / 21 / 2014

Transaction ID : **SB22.4210**

Amount of Each Disbursement this Period

8392.75

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

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

24533.49

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

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NAME OF COMMITTEE (In Full)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial)

A. REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 W 6TH STREET

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 27 / 2014

Transaction ID : SB22.4213

Amount of Each Disbursement this Period

24645.91

Full Name (Last, First, Middle Initial)

B. REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 W 6TH STREET

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
10 / 31 / 2014

Transaction ID : SB22.4212

Amount of Each Disbursement this Period

77418.35

Full Name (Last, First, Middle Initial)

C. REPUBLICAN PARTY OF ARKANSAS

Mailing Address 1201 W 6TH STREET

City LITTLE ROCK State AR Zip Code 72201

Purpose of Disbursement
Distribution of Net JFC Proceeds

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
11 / 21 / 2014

Transaction ID : SB22.4211

Amount of Each Disbursement this Period

22671.97

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

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

124736.23

149269.72

**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 checked="" 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)
ARKANSAS VICTORY FUND 2014

Full Name (Last, First, Middle Initial)

A. MCNA Health Care Holdings, LLC

Mailing Address 200 W Cypress Creek Rd

City Ft Lauderdale State FL Zip Code 33309

Purpose of Disbursement
Contribution Refund

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

M M / D D / Y Y Y Y Y Y
11 / 15 / 2014

Transaction ID : SB28A.4194

Amount of Each Disbursement this Period

10000.00

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Category/
Type

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)..... ▶

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

10000.00

10000.00