

# FEC FORM 9

## 24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR ELECTIONEERING COMMUNICATIONS

### 1. Person Making the Disbursements/Obligations

(a) Name **Lone Star Committee**

(b) Address (number and street)  check if different than previously reported  
1400 Key Blvd., Suite 100

(c) City, State and ZIP Code  
Arlington VA 22209

(d) Name of Employer or Principal Place of Business (e) Occupation

### 2. FEC Identification Number

C C30002364

### 3. Is This Statement

New  
or  
 Amended

### 4. Covering Period

MM / DD / YYYY  
02 / 20 / 2016  
through  
MM / DD / YYYY  
02 / 22 / 2016

5. (a) Date of Public Distribution(s) MM / DD / YYYY 02 / 20 / 2016 (b) Communication Title Reagan Had the Idea

6. The filer is a(n): (a)  Individual (b)  Unincorporated Organization (c)  Qualified Nonprofit Corporation (11 CFR 114.10)

(d)  Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15

(e)  Other, specify: \_\_\_\_\_

7. If the filer is an individual, unincorporated organization or qualified nonprofit corporation, were the disbursements made exclusively from donations to a segregated bank account? Yes  No

### 8. Custodian of Records

(a) Name  
Rich Danker

(b) Address (number and street)  
1400 Key Blvd., Suite 100

(c) City, State and ZIP Code  
Arlington VA 22209

(d) Name of Employer or Principal Place of Business (e) Occupation  
Lone Star Committee Executive Director

### 9. Total Donations This Statement

157000.00

### 10. Total Disbursements/Obligations This Statement

20000.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM Rich Danker

SIGNATURE Rich Danker [Electronically Filed] DATE 02/18/2016

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

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor <b>Sean Fieler</b></p> <hr/> <p>Mailing Address of Donor 6223 5TH AVE FL 27</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>NEW YORK</td> <td>NY</td> <td>10022-6831</td> </tr> </table>	City	State	Zip	NEW YORK	NY	10022-6831	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td>02</td> <td></td> <td>02</td> <td></td> <td>2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">12000.00</td> </tr> </table> <p><b>Transaction ID : F92.000001</b></p>	M M	/	D D	/	Y Y Y Y	02		02		2016	12000.00
City	State	Zip																
NEW YORK	NY	10022-6831																
M M	/	D D	/	Y Y Y Y														
02		02		2016														
12000.00																		
<p><b>B.</b> Full Name of Donor <b>Andrew Blackmon</b></p> <hr/> <p>Mailing Address of Donor 7479 Fox Chase Dr.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Trinity</td> <td>NC</td> <td>27370</td> </tr> </table>	City	State	Zip	Trinity	NC	27370	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>29</td> <td></td> <td>2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">2500.00</td> </tr> </table> <p><b>Transaction ID : F92.000002</b></p>	M M	/	D D	/	Y Y Y Y	01		29		2016	2500.00
City	State	Zip																
Trinity	NC	27370																
M M	/	D D	/	Y Y Y Y														
01		29		2016														
2500.00																		
<p><b>C.</b> Full Name of Donor <b>Keith White</b></p> <hr/> <p>Mailing Address of Donor 7837 Main Hwy</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Saint Martinville</td> <td>LA</td> <td>60544</td> </tr> </table>	City	State	Zip	Saint Martinville	LA	60544	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td>01</td> <td></td> <td>11</td> <td></td> <td>2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">25000.00</td> </tr> </table> <p><b>Transaction ID : F92.000003</b></p>	M M	/	D D	/	Y Y Y Y	01		11		2016	25000.00
City	State	Zip																
Saint Martinville	LA	60544																
M M	/	D D	/	Y Y Y Y														
01		11		2016														
25000.00																		
<p><b>D.</b> Full Name of Donor <b>Grant Avery</b></p> <hr/> <p>Mailing Address of Donor 15543 South Frontage Rd</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Plainfield</td> <td>IL</td> <td>60544</td> </tr> </table>	City	State	Zip	Plainfield	IL	60544	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>22</td> <td></td> <td>2015</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">1000.00</td> </tr> </table> <p><b>Transaction ID : F92.000004</b></p>	M M	/	D D	/	Y Y Y Y	12		22		2015	1000.00
City	State	Zip																
Plainfield	IL	60544																
M M	/	D D	/	Y Y Y Y														
12		22		2015														
1000.00																		
<p><b>E.</b> Full Name of Donor <b>Industrial Performance Group</b></p> <hr/> <p>Mailing Address of Donor PO Box 99</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Thomasville</td> <td>NC</td> <td>27361</td> </tr> </table>	City	State	Zip	Thomasville	NC	27361	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none; text-align: center;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">D D</td> <td style="border: 1px solid black; padding: 2px;">/</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td>12</td> <td></td> <td>17</td> <td></td> <td>2015</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none; text-align: right;"> <tr> <td style="border: 1px solid black; padding: 2px;">100000.00</td> </tr> </table> <p><b>Transaction ID : F92.000005</b></p>	M M	/	D D	/	Y Y Y Y	12		17		2015	100000.00
City	State	Zip																
Thomasville	NC	27361																
M M	/	D D	/	Y Y Y Y														
12		17		2015														
100000.00																		
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">140500.00</td> </tr> </table>	140500.00																
140500.00																		
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;"> </td> </tr> </table>																	

**SCHEDULE 9-A**  
**Donation(s) Received**

<p><b>A.</b> Full Name of Donor <b>Steven Rosenthal</b></p> <hr/> <p>Mailing Address of Donor 3125 Cathedral Ave NW</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Washington</td> <td>DC</td> <td>20008-3420</td> </tr> </table>	City	State	Zip	Washington	DC	20008-3420	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M /</td> <td style="border: 1px solid black; padding: 2px;">D D /</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">12</td> <td style="text-align: center;">11</td> <td style="text-align: center;">2015</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black; text-align: right;">3000.00</td> </tr> </table> <p><b>Transaction ID : F92.000006</b></p>	M M /	D D /	Y Y Y Y	12	11	2015		3000.00
City	State	Zip													
Washington	DC	20008-3420													
M M /	D D /	Y Y Y Y													
12	11	2015													
	3000.00														
<p><b>B.</b> Full Name of Donor <b>Parts Designs, Inc.</b></p> <hr/> <p>Mailing Address of Donor 17643 County Rd 10</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Bristol</td> <td>IN</td> <td>46507</td> </tr> </table>	City	State	Zip	Bristol	IN	46507	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M /</td> <td style="border: 1px solid black; padding: 2px;">D D /</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">16</td> <td style="text-align: center;">2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black; text-align: right;">2500.00</td> </tr> </table> <p><b>Transaction ID : F92.000007</b></p>	M M /	D D /	Y Y Y Y	02	16	2016		2500.00
City	State	Zip													
Bristol	IN	46507													
M M /	D D /	Y Y Y Y													
02	16	2016													
	2500.00														
<p><b>C.</b> Full Name of Donor <b>Lionshead Specialty Tire &amp; Wheel, LLC</b></p> <hr/> <p>Mailing Address of Donor 827 E. Lincoln Ave.</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> <tr> <td>Goshen</td> <td>IN</td> <td>42568</td> </tr> </table>	City	State	Zip	Goshen	IN	42568	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M /</td> <td style="border: 1px solid black; padding: 2px;">D D /</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> <tr> <td style="text-align: center;">02</td> <td style="text-align: center;">16</td> <td style="text-align: center;">2016</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black; text-align: right;">11000.00</td> </tr> </table> <p><b>Transaction ID : F92.000008</b></p>	M M /	D D /	Y Y Y Y	02	16	2016		11000.00
City	State	Zip													
Goshen	IN	42568													
M M /	D D /	Y Y Y Y													
02	16	2016													
	11000.00														
<p><b>D.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	City	State	Zip	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M /</td> <td style="border: 1px solid black; padding: 2px;">D D /</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black;"></td> </tr> </table>	M M /	D D /	Y Y Y Y								
City	State	Zip													
M M /	D D /	Y Y Y Y													
<p><b>E.</b> Full Name of Donor</p> <hr/> <p>Mailing Address of Donor</p> <hr/> <table style="width: 100%; border: none;"> <tr> <td style="width: 33%;">City</td> <td style="width: 33%;">State</td> <td style="width: 33%;">Zip</td> </tr> </table>	City	State	Zip	<p style="text-align: center;">Date of Receipt</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; padding: 2px;">M M /</td> <td style="border: 1px solid black; padding: 2px;">D D /</td> <td style="border: 1px solid black; padding: 2px;">Y Y Y Y</td> </tr> </table> <p style="text-align: center;">Amount</p> <table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black;"></td> </tr> </table>	M M /	D D /	Y Y Y Y								
City	State	Zip													
M M /	D D /	Y Y Y Y													
<p><b>SUBTOTAL</b> of Donations This Page (optional) ..... ▶</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black; text-align: right;">16500.00</td> </tr> </table>		16500.00												
	16500.00														
<p><b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 9)</p>	<table style="width: 100%; border: none;"> <tr> <td style="border: 1px solid black; width: 80%;"></td> <td style="border: 1px solid black; text-align: right;">157000.00</td> </tr> </table>		157000.00												
	157000.00														

**SCHEDULE 9-B**

**Disbursement(s) Made or Obligation(s)**

<b>A.</b> Full Name (Last, First, Middle Initial) of Payee <b>Elliott Curson Advertising</b>	Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="margin-right: 10px;">M M / D D / Y Y Y Y Y Y</span>  <span style="margin-right: 10px;">02 / 18 / 2016</span> </div>																	
Mailing Address of Payee 1900 Rittenhouse Square	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="float: right;">20000.00</span> </div>																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td>Philadelphia</td> <td>PA</td> <td>19103</td> </tr> </table>	City	State	Zip Code	Philadelphia	PA	19103	Communication Date <div style="border: 1px solid black; padding: 2px;"> <span style="margin-right: 10px;">M M / D D / Y Y Y Y Y Y</span>  <span style="margin-right: 10px;">02 / 20 / 2016</span> </div>											
City	State	Zip Code																
Philadelphia	PA	19103																
Name of Employer Occupation	<b>Transaction ID : F93.000001</b>																	
Purpose of Disbursement (Including title(s) of communication(s)) Radio commerical: Reagan Had the Idea.																		
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:10%;">Office Sought:</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">House</td> <td style="width:10%;">State: <u>  NV  </u></td> <td style="width:30%;">Disbursement/Obligation For: <b>2016</b></td> </tr> <tr> <td rowspan="3">Ted Cruz</td> <td></td> <td><input type="checkbox"/></td> <td>Senate</td> <td>District: _____</td> <td><input checked="" type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td><input checked="" type="checkbox"/></td> <td>President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>	Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: <u>  NV  </u>	Disbursement/Obligation For: <b>2016</b>	Ted Cruz		<input type="checkbox"/>	Senate	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General		<input checked="" type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	<b>Transaction ID : F94.000002</b>
Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: <u>  NV  </u>	Disbursement/Obligation For: <b>2016</b>													
Ted Cruz		<input type="checkbox"/>	Senate	District: _____	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General													
		<input checked="" type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____													
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:10%;">Office Sought:</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">House</td> <td style="width:10%;">State: _____</td> <td style="width:30%;">Disbursement/Obligation For:</td> </tr> <tr> <td rowspan="3"></td> <td></td> <td><input type="checkbox"/></td> <td>Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>	Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	Disbursement/Obligation For:													
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General													
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____													
	<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:10%;">Office Sought:</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">House</td> <td style="width:10%;">State: _____</td> <td style="width:30%;">Disbursement/Obligation For:</td> </tr> <tr> <td rowspan="3"></td> <td></td> <td><input type="checkbox"/></td> <td>Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>	Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____
Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	Disbursement/Obligation For:													
		<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General													
		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____													

  

<b>B.</b> Full Name (Last, First, Middle Initial) of Payee  Mailing Address of Payee  <table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:33%;">City</td> <td style="width:33%;">State</td> <td style="width:33%;">Zip Code</td> </tr> <tr> <td> </td> <td> </td> <td> </td> </tr> </table> Name of Employer Occupation	City	State	Zip Code				Date of Disbursement or Obligation <div style="border: 1px solid black; padding: 2px;"> <span style="margin-right: 10px;">M M / D D / Y Y Y Y Y Y</span>  <span style="margin-right: 10px;">  /   /  </span> </div>											
City	State	Zip Code																
Purpose of Disbursement (Including title(s) of communication(s))	Amount <div style="border: 1px solid black; padding: 2px;"> <span style="float: right;"> </span> </div>																	
<table style="width:100%; border-collapse: collapse;"> <tr> <td style="width:30%;">Name of Federal Candidate</td> <td style="width:10%;">Office Sought:</td> <td style="width:10%;"><input type="checkbox"/></td> <td style="width:10%;">House</td> <td style="width:10%;">State: _____</td> <td style="width:30%;">Disbursement/Obligation For:</td> </tr> <tr> <td rowspan="3"></td> <td></td> <td><input type="checkbox"/></td> <td>Senate</td> <td>District: _____</td> <td><input type="checkbox"/> Primary <input type="checkbox"/> General</td> </tr> <tr> <td></td> <td><input type="checkbox"/></td> <td>President</td> <td></td> <td><input type="checkbox"/> Other (specify) ▶ _____</td> </tr> </table>	Name of Federal Candidate	Office Sought:	<input type="checkbox"/>	House	State: _____	Disbursement/Obligation For:			<input type="checkbox"/>	Senate	District: _____	<input type="checkbox"/> Primary <input type="checkbox"/> General		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____	
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		<input type="checkbox"/>	President		<input type="checkbox"/> Other (specify) ▶ _____													

  

<b>SUBTOTAL</b> of Disbursements/Obligations This Page (optional) ..... ▶	<div style="border: 1px solid black; padding: 2px;"> <span style="float: right;">20000.00</span> </div>
<b>TOTAL</b> This Period (last page this line number only) ..... ▶ (carry total from last page to Line 10)	<div style="border: 1px solid black; padding: 2px;"> <span style="float: right;">20000.00</span> </div>