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Image# 201606159017909492

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X		An Authorized		Office	Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT		ple: If typing, type the lines.	12FE4M5	
North Carolina Medica	al Society Fed	eral Political Ec	ducation and Ac	tion Committee	1
	PO Box 25834				
ADDRESS (number and street) ▼		**************************************			
Check if different than previously reported. (ACC)	222 N. Person S Raleigh			NC 276	11
2. FEC IDENTIFICATION N	IUMBER ▼	CITY 🛦		STATE ▲	ZIP CODE ▲
C C00003152		3. IS THIS REPORT	NEW (N) OR	× AMENDED)
4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: X April 15 Quarterly Report (July 15 Quarterly Report (October 15 Quarterly Report (January 31 Year-End Report (July 31 Mid-Year Report (Non-electi Year Only) (MY) Termination Report (TER)	(Q2) PRE-E Report (Q3) (YE) (d) 30-Day POST- Report	Election t for the: C Election on y -Election t for the:	May 20 (Ms Jun 20 (M6 Jul 20 (M7) Primary (12P) Convention (12C) General (30G)) Sep 20 (M9)	in the State of Special (30S) in the
5. Covering Period	DM / D D /	Election on	through 03		State of 016
Signature of Treasurer	Stephen W Keene, Asst Tree	asurer [1	Electronically Filed]	Date 06 1	5 2016
NOTE: Submission of false, erro Office	neous, or incomplete	information may subj	ect the person signing		
Use					C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

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

Write or Type Committee Name

North Carolina Medical Society Federal Political Education and Action Committee

2016 03 2016 Report Covering the Period: 31 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 39596.32 January 1, 2016 (b) Cash on Hand at 39596.32 Beginning of Reporting Period..... 791.07 791.07 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 40387.39 40387.39 6(a) and 6(c) for Column B)..... 28000.00 28000.00 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 12387.39 12387.39 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

For further information contact:

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

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

North Carolina Medical Society Federal Political Education and Action Committee

R	eport Covering the Period: From: 01	01 2016	To: 03 31 2016
	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)	250.00	250.00
	(ii) Unitemized(iii) TOTAL (add	540.00	540.00
	Lines 11(a)(i) and (ii)	790.00	790.00
	(b) Political Party Committees	0.00	0.00
	(such as PACs)(d) Total Contributions (add Lines	0.00	0.00
10	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	790.00	790.00
12.	Transfers From Affiliated/Other Party Committees	0.00	0.00
13.	All Loans Received	0.00	0.00
	Loan Repayments Received Offsets To Operating Expenditures	0.00	0.00
15.	(Refunds, Rebates, etc.)	0.00	0.00
16.	(Carry Totals to Line 37, page 5) Refunds of Contributions Made to Federal Candidates and Other	0.00	0.00
17.	Political Committees Other Federal Receipts	0.00	0.00
	(Dividends, Interest, etc.)	1.07	1.07
	(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))	791.07	791.07
20		751.07	701.01
∠∪.	Total Federal Receipts (subtract Line 18(c) from Line 19)▶	791.07	791.07

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Operating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
	(i) Federal Share	0.00	0.00
	(ii) Non-Federal Share	0.00	0.00
(1	b) Other Federal Operating	7	
	Expenditures	0.00	0.00
(0	c) Total Operating Expenditures	0.00	0.00
22. T	(add 21(a)(i), (a)(ii), and (b))▶ Transfers to Affiliated/Other Party	0.00	0.00
C	Committees	0.00	0.00
F	Contributions to Federal Candidates/Committees and Other Political Committees	0.00	0.00
	ndependent Expenditures		
(1	use Schedule E)	0.00	0.00
(2	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
(1	use Scriedule F)		0.00
6. L	oan Repayments Made	0.00	0.00
7 I	oans Made	0.00	0.00
8. F	Refunds of Contributions To: a) Individuals/Persons Other		
(Than Political Committees	0.00	0.00
(1	b) Political Party Committees	0.00	0.00
`	c) Other Political Committees		
	(such as PACs)	0.00	0.00
(0	d) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
9. C	Other Disbursements	28000.00	28000.00
	rederal 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
(1	b) Federal Election Activity Paid Entirely		
	With Federal Funds	0.00	0.00
(0	c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	otal Disbursements (add Lines 21(c), 22,		
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	28000.00	28000.00
2. T	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)		
fr	rom Line 31)	28000.00	28000.00

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)	790.00	790.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	790.00	790.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
88. 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:			PAGE		6	OF		13	
(check only one)									
X	11a	11b		11c		12			
	13	14		15		16			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 fo	r commercial purposes, other than using the	name and address of any political committee to	solicit contributions from such committee.
\	AME OF COMMITTEE (In Full) North Carolina Medical Society F	Federal Political Education and A	ction Committee
4 [ull Name (Last, First, Middle Initial) Darrell Klotz		Date of Receipt
_	lailing Address 6035 Fairview Road	Ctota 7in Coda	01 24 2016
	ity Charlotte	State Zip Code NC 28210	Transaction ID : SA11AI.16018 Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	250.00
	ame of Employer	Occupation	Memo Item Voluntary member contribution
	harlotte EEN&T eceipt For:	Physician	
	Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	
Fı 3.	ull Name (Last, First, Middle Initial)		Date of Receipt
M	ailing Address		M = M / D = D / Y = Y = Y
Ci	ity	State Zip Code	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	
N	ame of Employer	Occupation	Memo Item
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
Fı	ull Name (Last, First, Middle Initial)		Date of Receipt
M	lailing Address		M = M / D = D / Y = Y = Y
Ci	ity	State Zip Code	Amount of Each Receipt this Period
	EC ID number of contributing deral political committee.	C	
N	ame of Employer	Occupation	Memo Item
R	eceipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼	
SUE	BTOTAL of Receipts This Page (optional)		250.00
тот	FAL This Period (last page this line number o	nly)	250.00

SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 7 OF 13		
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only			
	Detailed Summary Page	21b	22 23 24 25 26		
		27	28a 28b 28c X 29 30b		
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam					
NAME OF COMMITTEE (In Full)	The state of the politic				
North Carolina Medical Society Fed	deral Political Educa	ition and A	ction Committee		
Full Name (Last, First, Middle Initial)					
A. Scott Aumuller			Date of Disbursement		
Mailing Address 366 George Lyles Parkway, NW PMB 162	Note 7'- Code		01 25 2016		
•	State Zip Code NC 28027		Transaction ID : SB29.16024		
Purpose of Disbursement	20021				
2016 NC Senate District 36 Primary			Amount of Each Disbursement this Period		
Candidate Name		Category/	3000.00		
Office Sought:	ant For	Type			
Office Sought: House Disbursem	nent For: Primary General		Memo Item		
	Other (specify)				
State: District:	(i = 3/ ♥				
Full Name (Last, First, Middle Initial)					
Ghad Barefoot			Date of Disbursement		
Mailing Address 3850 Rogers Road Suite 193			01 25 2016		
Wake Forest	State Zip Code NC 27587		Transaction ID : SB29.16043		
Purpose of Disbursement 2016 Primary NC Senate District 18			Amount of Each Disbursement this Period		
Candidate Name		Catagory	San Si Eddi Biobarosmont tino i cinda		
		Category/ Type	1000.00		
	nent For: Primary General Other (specify)		Memo Item		
State: District:	Carlot (openly)				
Full Name (Last, First, Middle Initial)					
C. Tamara Barringer			Date of Disbursement		
Mailing Address 305 Queensferry Road			01 25 Y Y Y Y Y Y Y		
City	State Zip Code				
Cary	NC 27511		Transaction ID : SB29.16029		
Purpose of Disbursement 2016 Primary NC Senate District 17		· · ·	Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	2000.00		
Office Sought: House Disbursem	nent For:	туре			
	Primary General		Memo Item		
President	Other (specify)				
State: District:					
CURTOTAL of Diskurses and This Boar (and			6000.00		
SUBTOTAL of Disbursements This Page (optional)		·····•	3333.50		
TOTAL This Period (last page this line number only)					

SCHEDULE B (FEC Form 3X)	Han announts of 1,170	FOR LINE	NUMBER: PAGE 8 OF 13
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or us		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
North Carolina Medical Society Fed	deral Political Educa	ation and A	ction Committee
Full Name (Last, First, Middle Initial)			Data of Dishurcoment
A. Dan Bishop			Date of Disbursement
Mailing Address 2216 Whilden Court			01 26 2016
,	State Zip Code		Transaction ID : SB29.16064
Charlotte Purpose of Disbursement	NC 28211		11411340tion ib . 0023.10004
2016 Primary NC Senate District 39			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
Office Sought: House Disbursem			Memo Item
	Primary General Other (specify) ▼		
State: District:	Canon (opcomy)		
Full Name (Last, First, Middle Initial)			
3. Dan Blue			Date of Disbursement
Mailing Address 4917 Long Point Court			01 25 2016
Raleigh	State Zip Code NC 27604		Transaction ID : SB29.16027
Purpose of Disbursement 2016 Primary NC Senate District 14			Amount of Fook Dishare and this D
Candidate Name			Amount of Each Disbursement this Period
		Category/ Type	2000.00
Office Sought: House Disbursem	nent For:		Memo Item
	Primary General		_
President State: District:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
C. David Curtis			Date of Disbursement
			M = M / D = D / Y = Y = Y
Mailing Address PO Box 278			01 25 2016
City	State Zip Code		Transaction ID : SB29.16037
	NC 28037		Transaction ib . 3023.10037
Purpose of Disbursement 2016 Primary NC Senate District 44		· · · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	2000.00
Office Sought: House Disbursem			Memo Item
	Primary General Other (specify) ▼		_
State: District:	□ (opcony) ▼		
SUBTOTAL of Disbursements This Page (optional)		·····	5000.00
TOTAL This Period (last nage this line number only)			

TEMIZED DISBURSEMENTS	Use separate schedule(s	FOR LINE NUMBER: PAGE 9 OF 13 (check only one)			
	for each category of the Detailed Summary Page	Official of his	one) 22 23 24 25 26 28a 28b 28c × 29 3		
Any information copied from such Reports and State or for commercial purposes, other than using the national commercial purposes.					
NAME OF COMMITTEE (In Full) North Carolina Medical Society Fe	•				
Full Name (Last, First, Middle Initial)			Data of Diehuwaanant		
· Chuck Edwards	Date of Disbursement				
Mailing Address 337 N. Main Street			01 25 2016		
City Hendersonville	State Zip Code NC 28792		Transaction ID : SB29.16068		
Purpose of Disbursement 2016 Primary NC Senate District 48			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
Senate President	ement For: Primary		Memo Item		
State: District:					
Full Name (Last, First, Middle Initial) - Joel Ford			Date of Disbursement		
Mailing Address PO Box 36391			01 25 2016		
City Charlotte	State Zip Code NC 28236		Transaction ID : SB29.16062		
Purpose of Disbursement 2016 Primary NC Senate District 38			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
Office Sought: House Disburse Senate President State: District:	ement For: Primary		Memo Item		
Full Name (Last, First, Middle Initial) - Kathy Harrington			Date of Disbursement		
Mailing Address 3324 Lincoln Lane			01 25 2016		
City Gastonia	State Zip Code NC 28056		Transaction ID : SB29.16034		
Purpose of Disbursement 2016 Primary NC Senate District 43 Candidate Name			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	2000.00		
Office Sought: House Senate President State: District:	ement For: Primary		Memo Item		
Otato. District.					

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS	Use separate schedule(s) (check		R LINE NUMBER: PAGE 10 OF 13 ck only one)		
TILIVIIZED DIGDONGLIVILIVIG	for each category of the Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30		
Any information copied from such Reports and Statem or for commercial purposes, other than using the name	ents may not be sold or use e and address of any politica	ed by any perso al committee to	on for the purpose of soliciting contributions solicit contributions from such committee.		
NAME OF COMMITTEE (In Full) North Carolina Medical Society Fed	leral Political Educa	tion and Ad	ction Committee		
Full Name (Last, First, Middle Initial) A. Jeff Jackson			Date of Disbursement		
Mailing Address PO Box 18515			01 25 / 2016		
Charlotte	tate Zip Code NC 28218		Transaction ID : SB29.16059		
Purpose of Disbursement 2016 Primary NC Senate District 37			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	ent For: Primary General Other (specify)		Memo Item		
State: District: Full Name (Last, First, Middle Initial)					
B. Joyce Krawiec			Date of Disbursement		
Mailing Address 7030 Interlaken Drive			01 25 2016		
Kernersville	tate Zip Code NC 27284		Transaction ID : SB29.16055		
Purpose of Disbursement 2016 Primary NC Senate District 31			Amount of Each Disbursement this Period		
Candidate Name		Category/ Type	1000.00		
	ent For: Primary General Other (specify) ▼		Memo Item		
Full Name (Last, First, Middle Initial) C. Michael Lee			Date of Disbursement		
Mailing Address 1929 Knollwood Road			03 14 2016		
Wilmington	tate Zip Code NC 28403		Transaction ID : SB29.16042		
Purpose of Disbursement 2016 Primary NC Senate District 9 Candidate Name		Category/ Type	Amount of Each Disbursement this Period		
	ent For: Primary General Other (specify) ▼		Memo Item		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			3000.00		

SCHEDULE B (FEC Form 3X)	Has approved and the Co	FOR LINE	NUMBER: PAGE 11 OF 13
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b 27	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Stater	nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
North Carolina Medical Society Fed	deral Political Educa	tion and A	ction Committee
Full Name (Last, First, Middle Initial)			Date of Dichursoment
A. Floyd McKissick			Date of Disbursement
Mailing Address PO Box 51608			01 25 2016
•	State Zip Code		Transaction ID : SB29.16045
Durham Rurness of Disbursement	NC 27717		11d113d0t1011 1D . 0D23.10043
Purpose of Disbursement 2016 Primary NC Senate District 20		· · ·	Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	1000.00
Office Sought: House Disburser			Memo Item
Senate President	Other (specify) —		
State: President State:	Other (specify) ▼		
Full Name (Last, First, Middle Initial)			
3. Louis Pate			Date of Disbursement
Mailing Address BO B S :-			M M / D D / Y Y Y Y
Mailing Address PO Box 945	20.11		01 25 2016
City Mt. Olive	State Zip Code NC 28365		Transaction ID: SB29.16025
Purpose of Disbursement			
2016 Primary NC Senate District 7			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office Sought: House Disburser	ment For:	Type	Memo Item
Senate Seagnit.	Primary General		
President	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Date of Disbursement
S. Bill Rabon			
Mailing Address 404 Brunswick Street			01 25 2016
,	State Zip Code		Transaction ID : SB29.16026
Southport Purpose of Dishursement	NC 28461		
Purpose of Disbursement 2016 Primary NC Senate District 8			Amount of Each Disbursement this Period
Candidate Name		Category/	
		Type	2000.00
Office Sought: House Disburser			Memo Item
Senate President	Primary General Other (specify) ▼		
State: District:	(opoony) ▼		
SUBTOTAL of Disbursements This Page (optional)		·····•	5000.00
TOTAL This Parind (last page this line number only)			
ILLIAL THIS PERIOD (19ST DOZD THIS THE DITMEST ONLY)			· ·

SCHEDULE B (FEC Form 3X)	Han announts out 11.40	FOR LINE	NUMBER: PAGE 12 OF 13
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(check only	
	Detailed Summary Page	21b	22 23 24 25 26 28a 28b 28c X 29 30b
Any information copied from such Reports and Statem	l nents may not be sold or use		
or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full)			
North Carolina Medical Society Fed	deral Political Educa	ition and A	ction Committee
Full Name (Last, First, Middle Initial)			Data of Dishurasment
A. Jeff Tarte			Date of Disbursement
Mailing Address 19825-BNorth Cove Road			01 25 2016
	State Zip Code		Transaction ID : SB29.16032
Cornelius Purpose of Disbursement	NC 28031		
2016 Primary NC Senate District 41			Amount of Each Disbursement this Period
Candidate Name		Category/	2000.00
Office County		Туре	2000.00
Office Sought: House Disbursem	nent For: Primary General		Memo Item
	Other (specify)		
State: District:			
Full Name (Last, First, Middle Initial)			
3. Jerry Tillman			Date of Disbursement
Mailing Address 1207 Dogwood Lane			01 25 2016
Mailing Address 1207 Dogwood Lane			20 2010
,	State Zip Code		Transaction ID : SB29.16053
Purpose of Disbursement	NC 27263		
2016 Primary NC Senate District 29			Amount of Each Disbursement this Period
Candidate Name		Category/	1000.00
Office Sought: House Disbursem	ant For	Туре	
	Primary General		Memo Item
	Other (specify) ▼		
State: District:			
Full Name (Last, First, Middle Initial)			Data of Diahuwana
C. Trudy Wade			Date of Disbursement
Mailing Address 1 Crewswell Court			01 25 2016
City	State Zip Code		Transaction ID : SB29.16052
	NC 27407		11aii3action iD . 3D23.10032
Purpose of Disbursement 2016 Primary NC Senate District 27			Amount of Each Disbursement this Period
Candidate Name		Category/	Amount of Each Disbursement this Fellou
		Type	1000.00
Office Sought: House Disbursem			Memo Item
	Primary General Other (specify) ▼		_
State: District:			
'			
SUBTOTAL of Disbursements This Page (optional)		·····	4000.00
TOTAL This Period (last nage this line number only)			

SCHEDULE B (FEC Form 3X)	Llos congrete cohodule/e/	FOR LINE	
TEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 23 24 25 26 28a 28b 28c X 29 30
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) North Carolina Medical Society Fed			
Full Name (Last, First, Middle Initial) A. Mike Woodard			Date of Disbursement
Mailing Address 2009 Woodrow Street			01 25 2016
,	State Zip Code NC 27705		Transaction ID : SB29.16049
2016 Primary NC Senate District 22			Amount of Each Disbursement this Period
Office Sought: House Disbursem	nent For:	Category/ Type	1000.00 Memo Item
President	Primary General Other (specify) ▼		
State: District: Full Name (Last, First, Middle Initial) 3.			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name Office Sought: House Disbursem	pent For:	Category/ Type	Mama Iran
Senate President	Primary General Other (specify) ▼		Memo Item
State: District: Full Name (Last, First, Middle Initial)			Date of Disbursement
Mailing Address			M = M / D = D / Y = Y = Y
City	State Zip Code		
Purpose of Disbursement			Amount of Each Disbursement this Period
Candidate Name Category/ Type			
	nent For: Primary General Other (specify) ▼		Memo Item
SUBTOTAL of Disbursements This Page (optional)			1000.00
TOTAL This Period (last page this line number only)			28000.00