



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**Citizens for Boyle**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	14200.00	14200.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	14200.00	14200.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	31806.27	35858.10
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	31806.27	35858.10
8. Cash on Hand at Close of Reporting Period (from Line 27).....	461467.13	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D).....	0.00	

**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 3 (Revised 05/2016)

Write or Type Committee Name

Citizens for Boyle

Report Covering the Period: From:  /  /  To:  /  /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	4200.00	4200.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	4200.00	4200.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	10000.00	10000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	14200.00	14200.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....	127.95	127.95
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	14327.95	14327.95

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

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II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	31806.27	35858.10
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	2500.00	2500.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	34306.27	38358.10

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	481445.45
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	14327.95
25. SUBTOTAL (add Line 23 and Line 24).....	495773.40
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	34306.27
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	461467.13

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

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

FOR LINE NUMBER: PAGE 5 OF 19  
(check only one)  
 11a  11b  11c  11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**Berger, Daniel, , ,**

Mailing Address 1622 Locust St

City Philadelphia State PA Zip Code 19103

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

Name of Employer Occupation  
Berger & Montague Managing Shareholder

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
2700.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 13 2016

**Transaction ID : C10862909**

Amount of Each Receipt this Period  
2700.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**McKay, Mike, E., ,**

Mailing Address 1000 Connecticut Avenue  
Suite 900

City Washington State DC Zip Code 20006

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

Name of Employer Occupation  
Empire Consulting Group Principal

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
500.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 13 2016

**Transaction ID : C10862910**

Amount of Each Receipt this Period  
500.00

Memo Item

**C.** Full Name (Last, First, Middle Initial)  
**Piorko, Gabriel, , ,**

Mailing Address 2 Jennifer Lane

City Churchville State PA Zip Code 18966

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

Name of Employer Occupation  
GM Capital General Manager

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 13 2016

**Transaction ID : C10862911**

Amount of Each Receipt this Period  
1000.00

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	4200.00
<b>TOTAL</b> This Period (last page this line number only).....▶	4200.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 6 OF 19	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

**A.** Full Name (Last, First, Middle Initial)  
**The Desert Caucus, Inc.**

Mailing Address P.O. BOX 44146

City: TUCSON State: AZ Zip Code: 85733

FEC ID number of contributing federal political committee: **C** C00102368

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : **C10862912**

Amount of Each Receipt this Period  
5000.00

Memo Item

**B.** Full Name (Last, First, Middle Initial)  
**The Desert Caucus, Inc.**

Mailing Address P.O. BOX 44146

City: TUCSON State: AZ Zip Code: 85733

FEC ID number of contributing federal political committee: **C** C00102368

Name of Employer: Occupation:

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Election Cycle-to-Date ▼  
10000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
12 / 20 / 2016

Transaction ID : **C10862913**

Amount of Each Receipt this Period  
5000.00

Memo Item

**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) ▼

Election Cycle-to-Date ▼

Date of Receipt  
M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	10000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	10000.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. American Airlines</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016		
Mailing Address P.O. Box 619616, MD 5675			FEC Identification Number C		
City Dallas	State TX	Zip Code 75261	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Travel Expense		Category/Type	Transaction ID : D544072		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 8500.00		
Purpose of Disbursement Fundraising Fee		Category/Type	Transaction ID : D543980		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number C		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 1000.00		
Purpose of Disbursement Bookkeeping		Category/Type	Transaction ID : D543981		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	9525.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 8 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Compliance Fee	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D543982
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Telephone Expense	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 25.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D543983
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 6.45	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D543984
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	531.45
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 9 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Mileage		Amount of Each Disbursement this Period 343.44
Candidate Name		Transaction ID : <b>D543985</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Postage		Amount of Each Disbursement this Period 25.93
Candidate Name		Transaction ID : <b>D543986</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number <b>C</b>
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Travel Expense		Amount of Each Disbursement this Period 18.70
Candidate Name		Transaction ID : <b>D543987</b>
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	388.07
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Postage	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 19.90	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D543988
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Fundraising Fee	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 4500.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D543989
State: District:	<input type="checkbox"/> Memo Item	

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016
Mailing Address 499 S Capitol St SW Ste 422		FEC Identification Number C
City Washington	State DC	Zip Code 20003-4028
Purpose of Disbursement Bookkeeping	Category/Type	
Candidate Name	Amount of Each Disbursement this Period 1000.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID : D543990
State: District:	<input type="checkbox"/> Memo Item	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5519.90
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 500.00		
Purpose of Disbursement Compliance Fee		Category/ Type	Transaction ID : <b>D543991</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 25.00		
Purpose of Disbursement Telephone Expense		Category/ Type	Transaction ID : <b>D543992</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 684.20		
Purpose of Disbursement Travel Expense		Category/ Type	Transaction ID : <b>D543993</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1209.20
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 9.95		
Purpose of Disbursement Travel Expense		Category/ Type	Transaction ID : <b>D543994</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 9.95		
Purpose of Disbursement Travel Expense		Category/ Type	Transaction ID : <b>D543995</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Angerholzer Broz Consulting, LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 21 / 2016		
Mailing Address 499 S Capitol St SW Ste 422			FEC Identification Number <b>C</b>		
City Washington	State DC	Zip Code 20003-4028	Amount of Each Disbursement this Period 47.90		
Purpose of Disbursement Postage		Category/ Type	Transaction ID : <b>D543996</b>		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	67.80
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 13 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Benny The Bum's</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2016	
Mailing Address 9991 Bustleton Avenue			FEC Identification Number C	
City Philadelphia	State PA	Zip Code 19115	Amount of Each Disbursement this Period 360.00	
Purpose of Disbursement Fundraiser Catering Expense		Category/ Type	Transaction ID : D543998	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. City &amp; State PA</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016	
Mailing Address 325 Chestnut Street Suite 1110			FEC Identification Number C	
City Philadelphia	State PA	Zip Code 19106	Amount of Each Disbursement this Period 450.00	
Purpose of Disbursement Advertisement		Category/ Type	Transaction ID : D543970	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Congress Catering</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 15 / 2016	
Mailing Address 8538 Terminal Road			FEC Identification Number C	
City Lorton	State VA	Zip Code 22079	Amount of Each Disbursement this Period 397.23	
Purpose of Disbursement Event Catering Expense		Category/ Type	Transaction ID : D543997	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1207.23
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 19			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. E-Z Pass</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 27 / 2016		
Mailing Address 7631 Derry Street			FEC Identification Number C		
City Harrisburg	State PA	Zip Code 17111	Amount of Each Disbursement this Period 105.00		
Purpose of Disbursement Automobile Expense		Category/ Type	Transaction ID : D543978		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Ford Credit</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 16 / 2016		
Mailing Address PO Box 542000			FEC Identification Number C		
City Omaha	State NE	Zip Code 68154-8000	Amount of Each Disbursement this Period 569.00		
Purpose of Disbursement Automobile Lease		Category/ Type	Transaction ID : D543979		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>c. Four Seasons</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 13 / 2016		
Mailing Address 10100 Dream Tree Blvd			FEC Identification Number C		
City Orlando	State FL	Zip Code 32836	Amount of Each Disbursement this Period 942.36		
Purpose of Disbursement Travel Lodging Expense		Category/ Type	Transaction ID : D544028		
Candidate Name		<input type="checkbox"/> Memo Item			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1616.36
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Lodise, Daniel, , ,</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2016	
Mailing Address 1101 Morefield Rd			FEC Identification Number <b>C</b>	
City Philadelphia	State PA	Zip Code 19115-2501	Amount of Each Disbursement this Period 1524.92	
Purpose of Disbursement Salary		Category/ Type	Transaction ID : <b>D544025</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NGP VAN Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2016	
Mailing Address 1101 15th St. NW			FEC Identification Number <b>C</b>	
City Washington	State DC	Zip Code 20005	Amount of Each Disbursement this Period 775.00	
Purpose of Disbursement Software		Category/ Type	Transaction ID : <b>D544027</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number <b>C</b>	
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 103.61	
Purpose of Disbursement Payroll Expense		Category/ Type	Transaction ID : <b>D544022</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2403.53
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Paychex, Inc.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016	
Mailing Address 911 Panorama Trl S			FEC Identification Number C	
City Rochester	State NY	Zip Code 14625-2311	Amount of Each Disbursement this Period 358.96	
Purpose of Disbursement Payroll Taxes		Category/Type	Transaction ID : D544023	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Pixel Paper LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016	
Mailing Address 628 West Market Street			FEC Identification Number C	
City Bethlehem	State PA	Zip Code 18018	Amount of Each Disbursement this Period 300.00	
Purpose of Disbursement Website Management		Category/Type	Transaction ID : D544073	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>c. Runyan Holdings LLC</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016	
Mailing Address 8 E St SE			FEC Identification Number C	
City Washington	State DC	Zip Code 20003	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement Fundraiser Venue Expense		Category/Type	Transaction ID : D543999	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	908.96
<b>TOTAL</b> This Period (last page this line number only).....▶	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 19	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Smith Edwards Dunlap Co.</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 20 / 2016	
Mailing Address 2867 E. Allegheny Ave.			FEC Identification Number <b>C</b>	
City Philadelphia	State PA	Zip Code 19134	Amount of Each Disbursement this Period 4240.76	
Purpose of Disbursement Printing Expense		Category/Type	Transaction ID : <b>D544018</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. Walt Disney World</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016	
Mailing Address Walt Disney World Resort			FEC Identification Number <b>C</b>	
City Orlando	State FL	Zip Code 32830	Amount of Each Disbursement this Period 149.00	
Purpose of Disbursement Event Travel Expense		Category/Type	Transaction ID : <b>D544055</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C. Walt Disney World</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016	
Mailing Address Walt Disney World Resort			FEC Identification Number <b>C</b>	
City Orlando	State FL	Zip Code 32830	Amount of Each Disbursement this Period 340.80	
Purpose of Disbursement Event Travel Expense		Category/Type	Transaction ID : <b>D544056</b>	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4730.56
<b>TOTAL</b> This Period (last page this line number only).....▶	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 18 OF 19			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. Walt Disney World</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2016		
Mailing Address Walt Disney World Resort			FEC Identification Number C		
City Orlando	State FL	Zip Code 32830	Amount of Each Disbursement this Period 1102.29		
Purpose of Disbursement Event Travel Expense		Category/Type	Transaction ID : D544057		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>B. Walt Disney World</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 02 / 2016		
Mailing Address Walt Disney World Resort			FEC Identification Number C		
City Orlando	State FL	Zip Code 32830	Amount of Each Disbursement this Period 911.64		
Purpose of Disbursement Event Travel Expense		Category/Type	Transaction ID : D544033		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

Full Name (Last, First, Middle Initial) <b>C. Westin Hotels</b>			Date of Disbursement M M / D D / Y Y Y Y 12 / 07 / 2016		
Mailing Address One StarPoint			FEC Identification Number C		
City Stamford	State CT	Zip Code 06902	Amount of Each Disbursement this Period 200.89		
Purpose of Disbursement Travel Lodging Expense		Category/Type	Transaction ID : D544053		
Candidate Name		Memo Item <input type="checkbox"/>			
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼				
State: District:					

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2214.82
<b>TOTAL</b> This Period (last page this line number only).....▶	30322.88

# SCHEDULE B (FEC Form 3) ITEMIZED DISBURSEMENTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 19 OF 19
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)  
**Citizens for Boyle**

Full Name (Last, First, Middle Initial) <b>A. City &amp; State PA</b>		Date of Disbursement M M / D D / Y Y Y Y 12 / 01 / 2016
Mailing Address 325 Chestnut Street Suite 1110		FEC Identification Number C
City Philadelphia	State PA	Zip Code 19106
Purpose of Disbursement Event Sponsorship		Amount of Each Disbursement this Period 2500.00
Candidate Name		Transaction ID : D543971
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<input type="checkbox"/> Memo Item
State: District:		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		FEC Identification Number C
City	State	Zip Code
Purpose of Disbursement		Amount of Each Disbursement this Period
Candidate Name		<input type="checkbox"/> Memo Item
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2500.00