

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
Aramark Services, Inc. PAC (Aramark PAC)

ADDRESS (number and street) 1101 Market Street
Check if different than previously reported. (ACC) Philadelphia PA 19107

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00157677 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 [MM] / [DD] / [YYYY] in the State of []
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on [MM] / [DD] / [YYYY] in the State of []

5. Covering Period [MM] / [DD] / [YYYY] 11 / 27 / 2018 through [MM] / [DD] / [YYYY] 12 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Reynolds, Stephen, R. , ,
Type or Print Name of Treasurer

Signature of Treasurer Reynolds, Stephen, R. , , [Electronically Filed] Date 01 / 08 / 2019

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

Aramark Services, Inc. PAC (Aramark PAC)

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="2018"/>	<input type="text"/>	<input type="text" value="81604.82"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="69494.14"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="397.50"/>	<input type="text" value="5193.50"/>
(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="69891.64"/>	<input type="text" value="86798.32"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="29.68"/>	<input type="text" value="16936.36"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="69861.96"/>	<input type="text" value="69861.96"/>
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. 05/2016)

Write or Type Committee Name

Aramark Services, Inc. PAC (Aramark PAC)

Report Covering the Period: From: M M / D D / Y Y Y Y 11 / 27 / 2018 To: M M / D D / Y Y Y Y 12 / 31 / 2018

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).....	170.00	1507.00
(ii) Unitemized	227.50	3686.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	397.50	5193.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	397.50	5193.50
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)).....▶	397.50	5193.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	397.50	5193.50

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	23.68	330.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	23.68	330.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	6700.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	6.00	6.00
(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)).....	6.00	6.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	9900.00
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	29.68	16936.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	29.68	16936.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	397.50	5193.50
34. Total Contribution Refunds (from Line 28(d))	6.00	6.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	391.50	5187.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	23.68	330.36
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	23.68	330.36

**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 11
	<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)
Aramark Services, Inc. PAC (Aramark PAC)

A. Ellsler, Theresa, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Castle View Dr
 City Mc Kees Rocks State PA Zip Code 15136-1892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aramark Occupation (for Individual) District Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 06 / 2018
Transaction ID : A15208C3B84545F4BB78
 Amount of Each Receipt this Period 10.00
 Memo Item

B. Ellsler, Theresa, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4 Castle View Dr
 City Mc Kees Rocks State PA Zip Code 15136-1892
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aramark Occupation (for Individual) District Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 270.00

Date of Receipt 12 / 20 / 2018
Transaction ID : 65884ED3A35C4F628EB4
 Amount of Each Receipt this Period 10.00
 Memo Item

C. O'Brien, Denise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Pondview Dr
 City Washington Crossin State PA Zip Code 18977-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aramark Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 795.00

Date of Receipt 11 / 29 / 2018
Transaction ID : 406D91739D4945869D7F
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	35.00
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 11
<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)
Aramark Services, Inc. PAC (Aramark PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Brien, Denise, M, ,

Mailing Address 120 Pondview Dr

City Washington Crossin	State PA	Zip Code 18977-1528
----------------------------	-------------	------------------------

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

Name of Employer (for Individual) Aramark	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	06	/	2018

Transaction ID : DC4D4A51BDF04FA6AAF7

Amount of Each Receipt this Period
15.00

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Brien, Denise, M, ,

Mailing Address 120 Pondview Dr

City Washington Crossin	State PA	Zip Code 18977-1528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aramark	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	13	/	2018

Transaction ID : D2DF5B61D2BB4818A918

Amount of Each Receipt this Period
15.00

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
O'Brien, Denise, M, ,

Mailing Address 120 Pondview Dr

City Washington Crossin	State PA	Zip Code 18977-1528
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aramark	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
795.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	20	/	2018

Transaction ID : B40FBD11CA7846198927

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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 11
<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)
Aramark Services, Inc. PAC (Aramark PAC)

A. O'Brien, Denise, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 120 Pondview Dr
 City Washington Crossin State PA Zip Code 18977-1528
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aramark Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 795.00

Date of Receipt **12 / 27 / 2018**
Transaction ID : 8995F215006F4FD5B192
 Amount of Each Receipt this Period 15.00
 Memo Item

B. Roper, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Towne Hill Rd
 City Bradford State MA Zip Code 01835-8279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aramark Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **11 / 27 / 2018**
Transaction ID : 34A3D433398147DB9083
 Amount of Each Receipt this Period 15.00
 Memo Item

C. Roper, Richard, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2 Towne Hill Rd
 City Bradford State MA Zip Code 01835-8279
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Aramark Occupation (for Individual) Regional Vice President
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 780.00

Date of Receipt **12 / 04 / 2018**
Transaction ID : E593F1E31E864A81B772
 Amount of Each Receipt this Period 15.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
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 9 OF 11
<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)
Aramark Services, Inc. PAC (Aramark PAC)

A. Roper, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aramark	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2018

Transaction ID : 009D02EFECE240EDA8F0

Amount of Each Receipt this Period
15.00

Memo Item

B. Roper, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aramark	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2018

Transaction ID : A98D1C34B804411FA6E8

Amount of Each Receipt this Period
15.00

Memo Item

C. Roper, Richard, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2 Towne Hill Rd

City Bradford	State MA	Zip Code 01835-8279
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Aramark	Occupation (for Individual) Regional Vice President
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
780.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	24	/	2018

Transaction ID : 13CAAB5F126A4962AAC6

Amount of Each Receipt this Period
15.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	45.00
TOTAL This Period (last page this line number only).....	170.00

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"/> 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)
Aramark Services, Inc. PAC (Aramark PAC)

Full Name (Last, First, Middle Initial)

A. Wells Fargo

Mailing Address P.O. Box 6995

City Portland State OR Zip Code 97228-6995

Purpose of Disbursement
Bank Fees

001
Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	11	/	2018

FEC Identification Number
C

Transaction ID : 2C006C260B

Amount of Each Disbursement this Period
23.68

Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Candidate Name

Office Sought: House Senate President
 Disbursement For: Primary General Other (specify) ▼
 State: District:

Date of Disbursement

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

FEC Identification Number
C

Amount of Each Disbursement this Period

Memo Item

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

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

23.68
23.68

**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"/> 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)
Aramark Services, Inc. PAC (Aramark PAC)

Full Name (Last, First, Middle Initial) A. Aramark Services, Inc.		Date of Disbursement M M / D D / Y Y Y Y Y Y 12 / 03 / 2018	
Mailing Address 1101 Market St.			
City Philadelphia	State PA	Zip Code 19107	
Purpose of Disbursement Refund of deposit error		Category/Type 010	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period 6.00	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
Purpose of Disbursement		Category/Type	FEC Identification Number C
Candidate Name		Amount of Each Disbursement this Period	
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:	<input type="checkbox"/> Memo Item		

SUBTOTAL of Disbursements This Page (optional).....▶	6.00
TOTAL This Period (last page this line number only).....▶	6.00