

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Bridge the Gap 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="2020"/>	<input type="text" value="18243.56"/>	<input type="text" value="18243.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="19987.29"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2500.00"/>	<input type="text" value="89050.00"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="22487.29"/>	<input type="text" value="107293.56"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="15050.00"/>	<input type="text" value="99856.27"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="7437.29"/>	<input type="text" value="7437.29"/>
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

Write or Type Committee Name

Bridge the Gap PAC

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	18000.00
(ii) Unitemized	0.00	50.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	18050.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	2500.00	71000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	2500.00	89050.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	2500.00	89050.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2500.00	89050.00

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	300.00	24206.27
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	300.00	24206.27
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	14750.00	75650.00
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	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 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
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)) ..	15050.00	99856.27
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	15050.00	99856.27

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)	2500.00	89050.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2500.00	89050.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	300.00	24206.27
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	300.00	24206.27

**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 12
(check only one)
 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 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)
Bridge the Gap PAC

A. AT&T INC. FEDERAL POLITICAL ACTION COMMITTEE (AT&T FEDERAL PAC)
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 208 S Akard St
 Ste 1812
 City Dallas State TX Zip Code 75202-4206
 FEC ID number of contributing federal political committee. **C** C00109017
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 07 / 2020
Transaction ID : VR03HN73D79
 Amount of Each Receipt this Period
 2500.00
 Memo Item

B.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

C.
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address
 City State Zip Code
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Occupation (for Individual)
 Receipt For:
 Primary General
 Other (specify)
 Aggregate Year-to-Date ▼

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	2500.00
TOTAL This Period (last page this line number only).....▶	2500.00

**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)
Bridge the Gap PAC

A. NGP VAN Inc.

Full Name (Last, First, Middle Initial)

Mailing Address PO Box 392264

City Pittsburgh State PA Zip Code 15251-9264

Purpose of Disbursement Database

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
10 / 01 / 2020

FEC Identification Number: C

Transaction ID : VQZ49AGVP

Amount of Each Disbursement this Period: 300.00

Memo Item

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President

State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY

FEC Identification Number: C

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	300.00
TOTAL This Period (last page this line number only).....▶	300.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Bridge the Gap PAC

Full Name (Last, First, Middle Initial) A. ANDY KIM FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020
Mailing Address PO Box 211		FEC Identification Number C00648220 Transaction ID : VQZ49AGYH Amount of Each Disbursement this Period 1000.00
City Marlton	State NJ	Zip Code 08053-0211
Purpose of Disbursement Contribution		Category/ Type
Candidate Name KIM, ANDY, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NJ	District: 03	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) B. ANGIE CRAIG FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020
Mailing Address PO Box 22116		FEC Identification Number C00575209 Transaction ID : VQZ49AGYJ1 Amount of Each Disbursement this Period 1000.00
City Eagan	State MN	Zip Code 55122-0116
Purpose of Disbursement Contribution		Category/ Type
Candidate Name CRAIG, ANGELA DAWN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: MN	District: 02	
<input type="checkbox"/> Memo Item		

Full Name (Last, First, Middle Initial) C. BETSY DIRKSEN LONDRIGAN FOR CONGRESS		Date of Disbursement MM / DD / YYYY 10 / 14 / 2020
Mailing Address PO Box 275		FEC Identification Number C00649483 Transaction ID : VQZ49AGYJ: Amount of Each Disbursement this Period 2000.00
City Springfield	State IL	Zip Code 62705-0275
Purpose of Disbursement Contribution		Category/ Type
Candidate Name LONDRIGAN, BETSY DIRKSEN, , ,		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 13	
<input type="checkbox"/> Memo Item		

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

4000.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Bridge the Gap PAC

Full Name (Last, First, Middle Initial)
A. CINDY AXNE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2020

Mailing Address PO Box 65551

FEC Identification Number

C C00646844

Transaction ID : VQZ49AGYH
Amount of Each Disbursement this Period

1000.00

Memo Item

City West Des Moines State IA Zip Code 50265-0551

Purpose of Disbursement Contribution

Candidate Name
AXNE, CINDY, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IA District: 03

Full Name (Last, First, Middle Initial)
B. CISNEROS FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		14		2020

Mailing Address PO Box 40

FEC Identification Number

C C00650648

Transaction ID : VQZ49AGYJ0
Amount of Each Disbursement this Period

1000.00

Memo Item

City Placentia State CA Zip Code 92871-0040

Purpose of Disbursement Contribution

Candidate Name
CISNEROS, GILBERT, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 39

Full Name (Last, First, Middle Initial)
C. DEBBIE FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		07		2020

Mailing Address PO Box 566442

FEC Identification Number

C C00652065

Transaction ID : VQZ49AGXV
Amount of Each Disbursement this Period

1000.00

Memo Item

City Miami State FL Zip Code 33256-6442

Purpose of Disbursement Contribution

Candidate Name
MUCARSEL-POWELL, DEBBIE, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 26

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Bridge the Gap PAC

Full Name (Last, First, Middle Initial)
A. DEBBIE FOR CONGRESS

Mailing Address PO Box 566442

City Miami State FL Zip Code 33256-6442

Purpose of Disbursement Contribution

Candidate Name
MUCARSEL-POWELL, DEBBIE, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: FL District: 26

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2020

FEC Identification Number

C C00652065
Transaction ID : VQZ49AGYJ7
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
B. ELAINE FOR CONGRESS

Mailing Address PO Box 66191

City Virginia Beach State VA Zip Code 23466-6191

Purpose of Disbursement Contribution

Candidate Name
LURIA, ELAINE, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: VA District: 02

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2020

FEC Identification Number

C C00664375
Transaction ID : VQZ49AGYJ4
Amount of Each Disbursement this Period
1000.00

Memo Item

Full Name (Last, First, Middle Initial)
C. FINKENAUER FOR CONGRESS

Mailing Address PO Box 598

City Dubuque State IA Zip Code 52004-0598

Purpose of Disbursement Contribution

Candidate Name
FINKENAUER, ABBY, , ,

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: IA District: 01

Date of Disbursement

MM / DD / YYYY
10 / 14 / 2020

FEC Identification Number

C C00637074
Transaction ID : VQZ49AGYH
Amount of Each Disbursement this Period
1000.00

Memo Item

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

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

3000.00

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Bridge the Gap PAC

A. FRIENDS OF BEN MCADAMS

Full Name (Last, First, Middle Initial)
Mailing Address 2205 S 1000 E

City Salt Lake City State UT Zip Code 84106-2314

Purpose of Disbursement Contribution

Candidate Name **MCADAMS, BEN, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: UT District: 04

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: **C00658633**
Transaction ID : **VQZ49AGYJc**
Amount of Each Disbursement this Period: 1000.00

Memo Item

B. HARLEY ROUDA FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address 120 Newport Center Dr # 28

City Newport Beach State CA Zip Code 92660-6916

Purpose of Disbursement Contribution

Candidate Name **ROUDA JR, HARLEY E, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: CA District: 48

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: **C00633982**
Transaction ID : **VQZ49AGYJ8**
Amount of Each Disbursement this Period: 750.00

Memo Item

C. KENDRA HORN FOR CONGRESS

Full Name (Last, First, Middle Initial)
Mailing Address PO Box 54375

City Oklahoma City State OK Zip Code 73154-1375

Purpose of Disbursement Contribution

Candidate Name **HORN, KENDRA, , ,**

Office Sought: House Senate President
Disbursement For: 2020 Primary General Other (specify) ▼

State: OK District: 05

Date of Disbursement: 10 / 14 / 2020

FEC Identification Number: **C00648915**
Transaction ID : **VQZ49AGYJ:**
Amount of Each Disbursement this Period: 1000.00

Memo Item

SUBTOTAL of Disbursements This Page (optional)..... ▶ 2750.00

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

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

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

FOR LINE NUMBER:
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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)
Bridge the Gap PAC

Full Name (Last, First, Middle Initial) A. MAX ROSE FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y Y Y 10 / 14 / 2020	
Mailing Address PO Box 100496			
City Staten Island	State NY	Zip Code 10310-0496	
Purpose of Disbursement Contribution		FEC Identification Number C 00652248 Transaction ID : VQZ49AGYH Amount of Each Disbursement this Period 2000.00	
Candidate Name ROSE, MAX, , ,		Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2020 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: NY District: 11	<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		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		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).....▶	2000.00
TOTAL This Period (last page this line number only).....▶	14750.00