

**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

Hawaii PAC

ADDRESS (number and street)

600 Pennsylvania Avenue SE

Check if different than previously reported. (ACC)

#15180

Washington

DC

20003

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00567693

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  Primary (12P)  General (12G)  Runoff (12R)
- PRE-Election Report for the:  Convention (12C)  Special (12S)

Election on [MM] / [DD] / [YYYY] in the State of [ ]

- (d) 30-Day  General (30G)  Runoff (30R)  Special (30S)
- POST-Election Report for the:

Election on [MM] / [DD] / [YYYY] in the State of [ ]

5. Covering Period

[MM] / [DD] / [YYYY] through [MM] / [DD] / [YYYY]

01 / 01 / 2024 through 01 / 31 / 2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer

Zamore, Judith, , ,

Signature of Treasurer

Zamore, Judith, , ,

Date

[MM] / [DD] / [YYYY]

02 / 20 / 2024

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

Office Use Only									
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SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Hawaii PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		62897.06
(b) Cash on Hand at Beginning of Reporting Period.....	62897.06	
(c) Total Receipts (from Line 19) .....	12500.00	12500.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	75397.06	75397.06
7. Total Disbursements (from Line 31).....	28737.47	28737.47
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	46659.59	46659.59
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	

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

For further information, contact the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

Hawaii PAC

Report Covering the Period: From: 01 / 01 / 2024 To: 01 / 31 / 2024

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).....	7500.00	7500.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7500.00	7500.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	5000.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	12500.00	12500.00
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)).....▶	12500.00	12500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12500.00	12500.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	23737.47	23737.47
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	23737.47	23737.47
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	5000.00	5000.00
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)) ..	28737.47	28737.47
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	28737.47	28737.47

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12500.00	12500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12500.00	12500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	23737.47	23737.47
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	23737.47	23737.47

**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"/> 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	

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)  
**Hawaii PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Kamerath, Eric, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 08 / 2024
Mailing Address 714 E Draper Heights Way		<b>Transaction ID : 10597562</b>
City Draper	State UT	Zip Code 84020-7630
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 2500.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Attorney	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 2500.00	* Earmarked Contribution through ActBlue on 01/14/2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Arnold, John, , ,</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2024
Mailing Address 2950 Lazy Lane Blvd		<b>Transaction ID : 10618939</b>
City Houston	State TX	Zip Code 77019-1302
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 5000.00
Name of Employer (for Individual) Not Employed	Occupation (for Individual) Not Employed	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	* Earmarked Contribution through ActBlue on 01/21/2024

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. ActBlue</b>		Date of Receipt MM / DD / YYYY 01 / 31 / 2024
Mailing Address PO Box 441146		<b>Transaction ID : 10618939E</b>
City West Somerville	State MA	Zip Code 02144-0031
FEC ID number of contributing federal political committee. C C00401224		Amount of Each Receipt this Period 7500.00
Name of Employer (for Individual)	Occupation (for Individual)	<input checked="" type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 7500.00	Note: Total contribution(s) earmarked through this organization.

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	7500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	7500.00

# 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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**Hawaii PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. National Association of Realtors PAC</b>		Date of Receipt MM / DD / YYYY 01 / 18 / 2024 <b>Transaction ID : 10613508</b>
Mailing Address 500 New Jersey Ave NW		Amount of Each Receipt this Period 5000.00
City Washington	State DC	<input type="checkbox"/> Memo Item
Zip Code 20001-2005	FEC ID number of contributing federal political committee. <b>C</b> C00030718	
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	<input type="checkbox"/> Memo Item
Zip Code	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C.</b>		Date of Receipt MM / DD / YYYY
Mailing Address		Amount of Each Receipt this Period
City	State	<input type="checkbox"/> Memo Item
Zip Code	FEC ID number of contributing federal political committee. <b>C</b>	
Name of Employer (for Individual)	Occupation (for Individual)	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼	

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00

# 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)  
**Hawaii PAC**

**A. The Kahala Hotel & Resort**

Full Name (Last, First, Middle Initial)

Mailing Address 5000 Kahala Ave

City Honolulu State HI Zip Code 96816-5411

Purpose of Disbursement  
Catering & Facility Rental

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 31 / 2024

FEC Identification Number: C  
Transaction ID : 501144421  
Amount of Each Disbursement this Period: 10837.69

Memo Item

**B. ActBlue Technical Services**

Full Name (Last, First, Middle Initial)

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement  
Merchant Fees

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 14 / 2024

FEC Identification Number: C  
Transaction ID : 501137025  
Amount of Each Disbursement this Period: 98.75

Memo Item

**C. Capitol Compliance Associates**

Full Name (Last, First, Middle Initial)

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement  
Compliance Services

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement: 01 / 16 / 2024

FEC Identification Number: C  
Transaction ID : 501137145  
Amount of Each Disbursement this Period: 2500.00

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	13436.44
<b>TOTAL</b> 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 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)  
**Hawaii PAC**

**A. O'Beirne, Max, , ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
01 / 02 / 2024

Mailing Address: 1140 3rd St NE Ste 110

City: Washington State: DC Zip Code: 20002-6723

Purpose of Disbursement: Reimbursement - Catering

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_

Transaction ID : **501129347**

Amount of Each Disbursement this Period: 1134.34

Memo Item

**B. Charlie Palmer Steak**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
01 / 02 / 2024

Mailing Address: 101 Constitution Ave NW

City: Washington State: DC Zip Code: 20001-2133

Purpose of Disbursement: Catering

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_

Transaction ID : **501129346**

Amount of Each Disbursement this Period: 1134.34

Memo Item

**C. LaFave, Lori, B., ,**

Full Name (Last, First, Middle Initial)

Date of Disbursement: MM / DD / YYYY  
01 / 16 / 2024

Mailing Address: 200 E Jefferson St

City: Falls Church State: VA Zip Code: 22046-3531

Purpose of Disbursement: Fundraising Consulting Services for PAC (no federal candidates)

Candidate Name: \_\_\_\_\_

Office Sought:  House  Senate  President

Disbursement For:  Primary  General  Other (specify) ▼

State: \_\_\_\_\_ District: \_\_\_\_\_

FEC Identification Number: **C** \_\_\_\_\_

Transaction ID : **501137147**

Amount of Each Disbursement this Period: 6000.00

Memo Item

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

7134.34

**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 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)  
**Hawaii PAC**

Full Name (Last, First, Middle Initial)

### A. Capitol Compliance Associates

Mailing Address 600 Pennsylvania Ave SE  
Unit 15180

City Washington State DC Zip Code 20003-7508

Purpose of Disbursement Compliance Services  
Candidate Name  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
01 / 31 / 2024

FEC Identification Number  
C  
Transaction ID : 501144418  
Amount of Each Disbursement this Period  
2500.00

Memo Item

Full Name (Last, First, Middle Initial)

### B. ActBlue Technical Services

Mailing Address 366 Summer St

City Somerville State MA Zip Code 02144-3132

Purpose of Disbursement Merchant Fees  
Candidate Name  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
01 / 21 / 2024

FEC Identification Number  
C  
Transaction ID : 501138868  
Amount of Each Disbursement this Period  
197.50

Memo Item

Full Name (Last, First, Middle Initial)

### C. NGP VAN, Inc.

Mailing Address 1101 15th St NW  
Ste 500

City Washington State DC Zip Code 20005-5006

Purpose of Disbursement Software  
Candidate Name  
Category/Type

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

Date of Disbursement  
MM / DD / YYYY  
01 / 24 / 2024

FEC Identification Number  
C  
Transaction ID : 501141388  
Amount of Each Disbursement this Period  
318.00

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 3015.50

**TOTAL** This Period (last page this line number only)..... ▶ 23586.28

# 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)  
**Hawaii PAC**

**A. Democratic Party of Hawaii**

Full Name (Last, First, Middle Initial)

Mailing Address 404 Ward Ave  
Ste 200

City Honolulu State HI Zip Code 96814-3300

Purpose of Disbursement 2024 Contribution

Candidate Name Democratic Party of Hawaii

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 09 / 2024

FEC Identification Number C C00212787  
**Transaction ID : 501137146**

Amount of Each Disbursement this Period 5000.00

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

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

FEC Identification Number C

Amount of Each Disbursement this Period

Memo Item

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	5000.00