

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

ADDRESS (number and street) 1 ENERGY PLACE
 Check if different than previously reported. (ACC)
PENSACOLA FL 32520

2. **FEC IDENTIFICATION NUMBER** C00120519
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIPCODE

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 Quarterly 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 (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 03 01 2007 through 03 31 2007

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 RONALD F GRISSOM

Signature of Treasurer Electronically Filed by RONALD F GRISSOM Date 04 16 2007

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>7</td></tr></table>	Y	Y	Y	Y	2	0	0	7		22252.07
Y	Y	Y	Y							
2	0	0	7							
(b) Cash on Hand at Beginning of Reporting Period	24996.35									
(c) Total Receipts (from Line 19)	4736.86	13981.14								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	29733.21	36233.21								
7. Total Disbursements (from Line 31)	1188.04	7688.04								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28545.17	28545.17								
9. Debts and Obligations owed TO the committee (Itemize all on Schedule C and/or Schedule D)	0.00									
10. Debts and Obligations owed BY 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:

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

RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	0	7

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	0	7

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	1826.47	3221.01
(i) Itemized (use Schedule A)	2875.75	10663.77
(ii) Unitemized	4702.22	13884.78
(iii) TOTAL (add Lines 11(a)(i) and (ii)	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 Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	4702.22	13884.78
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.)	34.64	96.36
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 Transfer (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))	4736.86	13981.14
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	4736.86	13981.14

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1000.00	1000.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	188.04	6688.04
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	1188.04	7688.04
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	1188.04	7688.04

DETAILED SUMMARY PAGE
of Disbursements

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)	4702.22	13884.78
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4702.22	13884.78
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 / 12
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
ERNEST C CONNOR, JR

Mailing Address 201 POINCIANA DR

City State Zip Code
GULF POWER FL 32561-4347

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

Name of Employer Occupation
GULF POWER TEAM LEADER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 300.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13228

Amount of Each Receipt this Period
100.00

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
KEITH J CUEVAS

Mailing Address ONE ENERGY PLACE

City State Zip Code
PENSACOLA FL 32520

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

Name of Employer Occupation
GULF POWER COMPANY

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 236.34

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13231

Amount of Each Receipt this Period
80.78

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
FRANCIS M FISHER, JR

Mailing Address 2320 OXFORD DR

City State Zip Code
PENSACOLA FL 32503-5042

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

Name of Employer Occupation
GULF POWER VICE PRES

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 599.01

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13240

Amount of Each Receipt this Period
202.97

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	383.75
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 / 12
	<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

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NAME OF COMMITTEE (In Full)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
PAUL B JACOB

Mailing Address 1322 Quiet Cove Ct

City State Zip Code
Gulf Breeze FL 32563

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

Name of Employer Occupation
GULF POWER VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
501.90

Date of Receipt
M M / D D / Y Y Y Y
03 / 02 / 2007

Transaction ID: SA11A1.13379

Amount of Each Receipt this Period
167.30

MONTHLY PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
J THOMAS KILGORE, JR

Mailing Address 1820 EAST LA RUA ST

City State Zip Code
PENSACOLA FL 32501

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
208.19

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13266

Amount of Each Receipt this Period
71.31

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
RONNIE R LABRATO

Mailing Address 549 MILESTONE BLVD

City State Zip Code
CANTONMENT FL 32533-6552

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

Name of Employer Occupation
GULF POWER VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
563.74

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13269

Amount of Each Receipt this Period
194.68

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	433.29
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 / 12
	<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	

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NAME OF COMMITTEE (In Full)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
RICHARD MANDES, Jr.

Mailing Address 4432 SOUNDSIDE DR

City State Zip Code
GULF BREEZE FL 32563

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

Name of Employer Occupation
GULF POWER MGR

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 392.42

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13277

Amount of Each Receipt this Period
135.26

monthly payroll deduction

B. Full Name (Last, First, Middle Initial)
WALTER D MULLINS, JR

Mailing Address 11557 SORENTO RD

City State Zip Code
PENSACOLA FL 32507-8617

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 350.88

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13302

Amount of Each Receipt this Period
118.66

monthly payroll deduction

C. Full Name (Last, First, Middle Initial)
MARGARET D NEYMAN

Mailing Address 102 HIGHPOINT DR

City State Zip Code
GULF BREEZE FL 32561-4016

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

Name of Employer Occupation
GULF POWER MANAGER

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼ 279.63

Date of Receipt
M M / D D / Y Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13304

Amount of Each Receipt this Period
96.39

monthly payroll deduction

SUBTOTAL of Receipts This Page (optional)	350.31
TOTAL This Period (last page this line number only)	

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 12
	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. WILLIAM F POPE		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 3030 E KINGSFIELD RD		Transaction ID: SA11A1.13312	
City State Zip Code PENSACOLA FL 32514-9737	Amount of Each Receipt this Period 70.58		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation PLANNING COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 208.84		

Full Name (Last, First, Middle Initial) B. CARL A PUNYKO		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 4154 N CAMBRIDGE WAY		Transaction ID: SA11A1.13314	
City State Zip Code PACE FL 32571	Amount of Each Receipt this Period 101.58		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation COORDINATOR		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 293.24		

Full Name (Last, First, Middle Initial) C. JOHN T SCARBROUGH, JR		Date of Receipt M M / D D / Y Y Y Y 03 / 16 / 2007	
Mailing Address 1680 COLLEGE PKWY		Transaction ID: SA11A1.13330	
City State Zip Code GULF BREEZE FL 32563	Amount of Each Receipt this Period 98.46		
FEC ID number of contributing federal political committee. C		monthly payroll deduction	
Name of Employer GULF POWER	Occupation MANAGER		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.14		

SUBTOTAL of Receipts This Page (optional) ▶	270.62
TOTAL This Period (last page this line number only) ▶	[]

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 / 12
	<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	

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NAME OF COMMITTEE (In Full)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

A. Full Name (Last, First, Middle Initial)
SANDRA F SIMS

Mailing Address 4018 BOND CIR

City State Zip Code
NICEVILLE FL 32578

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

Name of Employer Occupation
GULF POWER ASSISTANT TO VP

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
256.76

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13338

Amount of Each Receipt this Period
88.50

MONTHLY PAYROLL DEDUCTION

B. Full Name (Last, First, Middle Initial)
SUSAN NOLEN STORY

Mailing Address 710 PEAKE'S POINT DR

City State Zip Code
GULF BREEZE FL 32561

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

Name of Employer Occupation
GULF POWER PRESIDENT

Receipt For: Primary General Other (specify) ▼

Aggregate Year-to-Date ▼
900.00

Date of Receipt
M M / D D / Y Y Y Y
03 / 16 / 2007

Transaction ID: SA11A1.13344

Amount of Each Receipt this Period
300.00

MONTHLY PAYROLL DEDUCTION

SUBTOTAL of Receipts This Page (optional)	▶	388.50
TOTAL This Period (last page this line number only)	▶	1826.47

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)

PAGE 11 / 12

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial)
A. JEFF MILLER

Transaction ID: SB23.13381
Date of Disbursement

Mailing Address P O BOX 126

M	M	/	D	D	/	Y	Y	Y	Y
0	3		2	1		2	0	0	7

City PENSACOLA State FL Zip Code 32591

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement
POLITICAL CONTRIBUTION

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: FL District: 1

Disbursement For: 2008
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

TOTAL This Period (last page this line number only) ►

1000.00

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 type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
RESPONSIBLE GOVERNMENT COMMITTEE OF GULF EMPLOYEES INC

Full Name (Last, First, Middle Initial) A. FLORIDA DEPT OF REVENUE		Transaction ID: SB29.13387 Date of Disbursement
Mailing Address 5050 W TENNESSEE ST		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City TALLAHASSEE	State FL	Zip Code 32399-0135
Purpose of Disbursement TAXES	<input type="text" value="42.75"/>	
Candidate Name	Category/Type	
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. FLORIDA DEPT OF STATE		Transaction ID: SB29.13386 Date of Disbursement
Mailing Address 107 GAINES ST W		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City TALLAHASSEE	State FL	Zip Code 32399
Purpose of Disbursement ANNUAL REPORT	<input type="text" value="61.25"/>	
Candidate Name	Category/Type	
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) C. INTERNAL REVENUE SERVICE CENTER		Transaction ID: SB29.13388 Date of Disbursement
Mailing Address		<input type="text" value="03"/> / <input type="text" value="15"/> / <input type="text" value="2007"/>
City OGDEN	State UT	Zip Code 84201
Purpose of Disbursement TAXES	<input type="text" value="84.04"/>	
Candidate Name	Category/Type	
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:		

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="188.04"/>
TOTAL This Period (last page this line number only)	<input type="text" value="188.04"/>