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I

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

	For Other Than An Aut	morized Committee	Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
International Academy	of Compounding Ph	armacists PAC (COMP	PAC)
<u> </u>			
ADDRESS (number and street)	4638 Riverstone Blvd		
Check if different			
than previously reported. (ACC)	Missouri City		TX 77459
2. FEC IDENTIFICATION N	UMBER ▼ CIT	ΓΥ▲	STATE ▲ ZIP CODE ▲
C C00424143		S THIS NEW (N) OF	AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	0 20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Mai	r 20 (M3) Jun 20 (M6	Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M7)	Oct 20 (M10) Jan 31 (YE)
Quarterly Report (C	(C) 12-Day PRF-Flection	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (C	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (C January 31		M = M / D = D /	Y Y Y Y Y in the
Year-End Report (YE) Election	on on	State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 1		through 12	31 2016
I certify that I have examined th	nis Report and to the best of Letendre Sr., William R., , ,	f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure			
Signature of Treasurer	ndre Sr., William R., , ,	[Electronically Filed]	Date 01 / 24 / 2017
NOTE: Submission of false, erron	neous, or incomplete informatic	on may subject the person signing	this Report to the penalties of 52 U.S.C. § 30109
Office			FEC FORM 3X
Use			Rev. 05/2016

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

International Academy of Compounding Pharmacists PAC (COMP PAC)

11 29 2016 12 31 2016 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 38467.70 January 1, 2016 (b) Cash on Hand at 44558.74 Beginning of Reporting Period..... 975.00 63365.19 Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 101832.89 45533.74 6(a) and 6(c) for Column B)..... 418.20 56717.35 Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 45115.54 45115.54 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D)

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

International Academy of Compounding Pharmacists PAC (COMP PAC)

2016 31 2016 12 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 875.00 54675.00 (i) Itemized (use Schedule A)..... 100.00 7690.00 (ii) Unitemized (iii) TOTAL (add 62365.00 975.00 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees (c) Other Political Committees 0.00 0.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 62365.00 975.00 Totals to Line 33, page 5)▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 1000.00 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts (Dividends, Interest, etc.)..... 0.00 0.19 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) (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))....... 975.00 63365.19 20. Total Federal Receipts 975.00 63365.19 (subtract Line 18(c) from Line 19)▶

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
Operating Expenditures: (a) Allocated Federal/Non-Federal		Calonida Tour to Date
Activity (from Schedule H4)	0.00	0.00
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share	0.00	0.00
(b) Other Federal Operating Expenditures	1418.20	31217.35
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))▶	1418.20	31217.35
Transfers to Affiliated/Other Party Committees	0.00	0.00
Contributions to Federal Candidates/Committees and Other Political Committees	-1000.00	25500.00
Independent Expenditures	-100.00	2000.00
(use Schedule E)Coordinated Party Expenditures	0.00	0.00
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00
Loan Repayments Made	0.00	0.00
Loans Made	0.00	0.00
Refunds of Contributions To: (a) Individuals/Persons Other Than Political Committees	0.00	0.00
	0.00	0.00
(b) Political Party Committees (c) Other Political Committees	0.00	0.00
(such as PACs)	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))		
(add Lines Zo(a), (b), and (c))	0.00	0.00
Other Disbursements (Including		
Non-Federal Donations)	0.00	0.00
Federal Election Activity (52 U.S.C. § 30101(2	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	0.00	0.00
Entirely With Federal Funds(c) Total Federal Election Activity (add	0.00	0.00
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
Total Disbursements (add Lines 21(c), 22,		, , , , , , , , , , , , , , , , , , , ,
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	418.20	56717.35
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	418.20	56717.35

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	975.00	62365.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	975.00	62365.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	1418.20	31217.35
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	1000.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	1418.20	30217.35

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

l	F	OR LINE NUMBER:					PAGE	6	OF	10
l	(0	che	ck only	or	ne)					
l		X	11a		11b		11c	12	2	
l			13		14		15	16	6	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) International Academy of Compounding Pharmacists PAC (COMP PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Boff, John, , , Date of Receipt Mailing Address 760 Merrimon Avenue 2016 18 City Zip Code State Transaction ID: A2016-2574659 NC Asheville 28804 Amount of Each Receipt this Period FEC ID number of contributing C 50.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) The Medicine Shoppe **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 550.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Garvin, Cheri, , , Date of Receipt Mailing Address 109 Old English Court SW 18 2016 City State Zip Code Transaction ID: A2016-2574660 VA Leesburg 20175 Amount of Each Receipt this Period FEC ID number of contributing 100.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Leesburg Pharmacy Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 1100.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Giaquinto, Robert, , , Date of Receipt Mailing Address 464 Forest Avenue 05 2016 City State Zip Code Transaction ID: A2016-2574662 NY Rye 10580 Amount of Each Receipt this Period FEC ID number of contributing C 225.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Rye Beach Pharmacy Pharmacist Receipt For: Aggregate Year-to-Date ▼ Primary General 225.00 Other (specify) 375.00 SUBTOTAL of Receipts This Page (optional)..... 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:												
	(C	he	ck only	or	ne)							
		X	11a		11b		11c		12	2		
			13		14		15		16	6		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) International Academy of Compounding Pharmacists PAC (COMP PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Suthar, Prakesh, , , Date of Receipt Mailing Address 138 Arnett Blvd. 2016 15 City Zip Code State Transaction ID: A2016-2574664 VA Danville 24540 Amount of Each Receipt this Period FEC ID number of contributing C 500.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Kare Pharmacv **Pharmacist** Receipt For: Aggregate Year-to-Date ▼ Primary General 500.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 500.00 SUBTOTAL of Receipts This Page (optional)..... 875.00 TOTAL This Period (last page this line number only).....

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SCHEDULE B (FEC Form 3X)		FOR LINE	NUMBER: PAGE 8 OF 10
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBETT.
	for each category of the Detailed Summary Page	X 21b	22 23 26 27
	ago	28a	28b 28c 29 30b
Any information copied from such Reports and Stater or for commercial purposes, other than using the nar			
NAME OF COMMITTEE (In Full)			
International Academy of Compou	nding Pharmacists	PAC (COMI	PAC)
Full Name (Last, First, Middle Initial)			
A. Comerica Bank			Date of Disbursement
Mailing Address P.O. Box 650282			11 29 2016
City	State Zip Code		FEC Identification Number
Dallas	TX 75265		
Purpose of Disbursement Bank Service Charge		001	C
Candidate Name			Transaction ID : B636624
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2016	.,,,,	93.73
Senate	Primary General		4
President x	Other (specify) ▼		Memo Item
State: District:	Not Applicab	le	
Full Name (Last, First, Middle Initial)			Data of Dishumannant
B. Comerica Bank			Date of Disbursement
Mailing Address P.O. Box 650282			12 07 2016
Walling 7 ldd 655 F.O. Box 650262			12 01 2010
City	State Zip Code		FEC Identification Number
Dallas	TX 75265		
Purpose of Disbursement Bank Service Charge		001	C
Candidate Name			Transaction ID : B639963
		Category/ Type	Amount of Each Disbursement this Period
Office Sought: House Disburser	ment For: 2016	71	143.48
Senate	Primary General		
President x	Other (specify)		Memo Item
State: District:	Not Applicat	ole	
Full Name (Last, First, Middle Initial)			Date of Disbursement
C. JB & Associates			
Mailing Address 2011 Waugh Drive			12 13 2016
,	State Zip Code		FEC Identification Number
Houston Purpose of Disbursement	TX 77006		
PAC Fundraising Exp.		003	C
Candidate Name		Category/	Transaction ID: B636662 Amount of Each Disbursement this Period
		Type	San of Each Dissurdantian time to floor
	ment For: 2016		140.00
Senate	Primary General		
State: President X	Other (specify) ▼	lo lo	Memo Item
State. District.	Not Applicab	IC	
SUBTOTAL of Disbursements This Page (optional)			377.21
552.3772 of Biobarcomonia Tino Lago (optional).			
TOTAL This Period (last page this line number only))		1

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SCHEDULE B (FEC Form 3X)		EOD LIVE	NUMBER: PAGE 9 OF 10					
ITEMIZED DISBURSEMENTS	Use separate schedule(s) FOR LINE (check only	NOMBETT.					
	for each category of the Detailed Summary Page	` X 21b	22 23 26 27					
	Dotailed Cultilliary 1 age	28a	28b 28c 29 30b					
Any information copied from such Reports and Staten or for commercial purposes, other than using the name	ments may not be sold or une and address of any polit	sed by any perso	on for the purpose of soliciting contributions solicit contributions from such committee.					
NAME OF COMMITTEE (In Full)								
International Academy of Compour	nding Pharmacists	PAC (COMI	P PAC)					
Full Name (Last, First, Middle Initial)	,							
A. Public Affairs Support Services Inc			Date of Disbursement					
Mailing Address 1950 Roland Clarke Place Suite 30			11 29 2016					
City Reston	State Zip Code VA 20191		FEC Identification Number					
Purpose of Disbursement	20191							
Admin expen-Report prep.		001	C					
Candidate Name		Category/	Transaction ID: B635983 Amount of Each Disbursement this Period					
		Type						
	ment For: 2016		1040.99					
Senate	Primary General							
President State: District:	Other (specify) ▼ Not Applicab	lo.	Memo Item					
Full Name (Last, First, Middle Initial)	Not Applicab	ie	_					
B.			Date of Disbursement					
			M M / D D / Y Y Y Y					
Mailing Address								
City	State Zip Code		FEC Identification Number					
Purpose of Disbursement			0					
Talpood of Biobardoment			Amount of Each Disbursement this Period					
Candidate Name		Category/						
		Type						
Office Sought: House Disburser	ment For:							
	Primary General							
	Other (specify)		Memo Item					
State: District:								
Full Name (Last, First, Middle Initial) C.			Date of Disbursement					
			M M / D D / Y Y Y					
Mailing Address								
City	State Zip Code		FEC Identification Number					
Purpose of Disbursement			C					
Candidate Name		Category/ Type	Amount of Each Disbursement this Period					
Office Sought: House Disburser	ment For:							
Senate	Primary General							
President	Other (specify) ▼		Memo Item					
State: District:								
SUBTOTAL of Disbursements This Page (optional)			1040.99					
CODITION OF DISDUISEMENTS THIS Page (Optional)		·····	4 4					
TOTAL This Period (last page this line number only)			1418.20					

17

Use separate schedule(s) from each category of the Data 2 to 2	SCHEDULE B (FEC Form 3X)	lloc com	roto cob = divis/-\	FOR LINE			PAGE 10	OF 1	
Detailed Summary Page	ITEMIZED DISBURSEMENTS			1 ` — ′		√ 22		7	
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) International Academy of Compounding Pharmacists PAC (COMP PAC) Full Name (Last, First, Middle Initial) A. Ron Johnson for Senate Inc. Mailing Address 219 E Washingron Ave Suite 101 City Oshkosh Purpose of Disbursement Contribution Condidate Name Other (specify) Full Name (Last, First, Middle Initial) Mailing Address City State WI District Full Name (Last, First, Middle Initial) Mailing Address City State Purpose of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Date of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type FEC Identification Number Colling Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Category/ Type FEC Identification Number Colling Sought: Fec Identification Number									
A Ron Johnson for Senate Inc. Full Name (Last, First, Middle Initial) City Chy Chy Chy Chy Chy Chy Chy C	Any information copied from such Reports and Stater	nents may r	not be sold or use	ed by any pers	on for the pu	urpose of s	oliciting contr	ibutions	
International Academy of Compounding Pharmacists PAC (COMP PAC) Full Name (Last, First, Middle Initial) A. Ron Johnson for Senate Inc. Mailing Address City State Vipesident State: WI Disbursement For: City State: WI Disbursement Confidate Name Confice Sought: House President City State Vipesident State: WI Disbursement Confidate Name Confice Sought: House President City State Vipesident City State Vipesident City State Vipesident Confice Sought: House President Confice Sought: House Other (specify) Vipesident Confice Sought: President Candidate Name Confice Sought: House President Confice Sought: President Confice	or for commercial purposes, other than using the nan	ne and addr	ess of any politic	al committee to	solicit contr	ibutions fro	m such com	mittee.	
Full Name (Last, First, Middle Initial) A. Ron Johnson for Senate Inc. Mailing Address 219 E Washington Ave Suite 101 City	· · · · · ·								
A. Ron Johnson for Senate Inc. Mailing Address 219 E Washington Ave Suite 101 City Oshkosh Purpose of Disbursement Contribution Candidate Name Johnson, Ron, Office Sought: Full Name (Last, First, Middle Initial) City Oshkosh State: Disbursement For: 2016 X Senate President State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: Full Name (Last, First, Middle Initial) City State: District: State: District: State: District: State: District: State: District: State: District: Senate Primary General Other (specity) Table 12 Category/ Amount of Each Disbursement this Period Memo Item Substate: District: Senate Primary General Other (specity) Memo Item Substate: District: Senate President State: District: District: Senate President State: District: District: Senate President State: District: District: Senate President State: District: Senate President State: District: Senate President State: District: Senate President State: District: Senate President Senate President Senate Senate President Senate Senate President Senate Sena	/ International Academy of Compoui	nding Ph	armacists P	PAC (COM	P PAC)				
Mailing Address 219 E Washington Ave Suite 101 City	_								
Mailing Address 219 E Washington Ave Suite 101 City Oshkosh Purpose of Disbursement Contribution Candidate Name Johnson, Ron,, Office Sought:	A. Ron Johnson for Senate Inc.				Date of D)isburseme			
Oshkosh WI 54901 Purpose of Disbursement Contribution Candidate Name Johnson, Ron, , Office Sought:	Mailing Address 219 E Washington Ave Suite 101				7 " " ' ' ' ' ' ' ' '				
Purpose of Disbursement Contribution Candidate Name Johnson, Ron, , Office Sought: State: Wi District: Full Name (Last, First, Middle Initial) Mailing Address City Primary Office Sought: House Senate President State: Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Fec Identification Number Calegory/ Type Memo Item Substortal of Disbursement this Period Memo Item Substortal of Disbursements This Page (optional)	*		1 '		FEC Iden	tification N	umber		
Contribution Candidate Name Johnson, Ron, , ,		VVI	54901			2010001		7	
Category Johnson, Ron, Office Sought: House President State: Williams Disbursement For: 2016 President Disbursement President Disbursement D				011			DE07404		
Johnson, Ron, , , Office Sought:				Category/				is Period	
X Senate President X Primary General Other (specify) Volded: Original check dated Memo Item 11/05/15							100	00.00	
State: WI District: Full Name (Last, First, Middle Initial) B. Full Name (Last, First, Middle Initial) Date of Disbursement City State Zip Code Prepose of Disbursement Candidate Name Office Sought: House President Primary General President State: District: Full Name (Last, First, Middle Initial) C. Full Name (Last, First, Middle Initial) Category/ Type Office Sought: State Zip Code Fec Identification Number Category/ Type Memo Item Date of Disbursement this Period Memo Item FEC Identification Number Category/ Type Office Sought: State Zip Code FEC Identification Number Category/ Type Office Sought: State Zip Code FEC Identification Number Category/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: Gategory/ Type Office Sought: House Disbursement For: General President Other (specify) Memo Item State: District: Memo Item		_				7	-100	0.00	
State: WI District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) C. Category/ Type Amount of Each Disbursement this Period Memo Item Fact Identification Number Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Date of Disbursement this Period FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) FEC Identification Number Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) Memo Item Substrotal of Disbursements This Page (optional)		•			Mam	Void	ded: Original	check dat	
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) Fell Name (Last, First, Middle Initial) City State Zip Code FEC Identification Number City State Zip Code FEC Identification Number City State Zip Code FEC Identification Number Category/ Type Office Sought: House Other (specify) State Zip Code FEC Identification Number Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Memo Item Substrate: District: Memo Item Substrate: District: Memo Item Substrate: District: Memo Item	State: WI District:				Mem	J ILEM 1170	70/10		
City	, , , , , , , , , , , , , , , , , , , ,								
City Purpose of Disbursement Candidate Name Office Sought:	В.				Date of L		nt		
City	Mailing Address				M = M	/ D D	/ Y Y	Y	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Primary General President State: District: City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Candidate Name Category/ Type Type Category/ Type Category/ Type T									
Candidate Name Category/ Type	City	State	Zip Code		FEC Iden	tification N	umber		
Candidate Name Office Sought:	Purpose of Disbursement				C			7	
Office Sought: House Senate President State: District: Date of Disbursement For: Senate President Primary General Other (specify) General Date of Disbursement For: Mailing Address Date of Disbursement					0				
Office Sought:	Candidate Name				Amount o	of Each Dis	bursement th	is Period	
Senate President Other (specify) State: District: C. Full Name (Last, First, Middle Initial) City State Zip Code FEC Identification Number Candidate Name Office Sought: House Primary General Office Sought: President State: District: Substate: District: Memo Item Date of Disbursement Category/ Type Amount of Each Disbursement this Period Memo Item Substate: District: Memo Item	Office Sought: House Disburser								
State: District: Full Name (Last, First, Middle Initial) Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Office Sought: House Senate Primary General Other (specify) State: District: Substoctable (optional)			General			7	7	46	
C. Full Name (Last, First, Middle Initial) City Purpose of Disbursement Candidate Name Candidate Name Office Sought: I House President State: District: Senate Primary General Other (specify) State: Substortal of Disbursements This Page (optional)		Other (spec	cify)		Mem	o Item			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate President State: District: Subtrotal of Disbursements This Page (optional)					ш				
Mailing Address City State Zip Code FEC Identification Number Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Subtrotal of Disbursements This Page (optional) ↑ -1000.00	,				Date of D)isburseme	nt		
City Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary Other (specify) Total State: District: Substract Substra					M = M	/ D D	/ Y Y	Y	
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Substrict: Memo Item FEC Identification Number Category/ Type Amount of Each Disbursement this Period Memo Item	Mailing Address								
Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼ State: District: Substrict: Memo Item -1000.00	City	State	Zip Code		FEC Iden	tification N	umber		
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