



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**LCV Victory Fund**

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="2017"/>	<input type="text" value="180031.56"/>	<input type="text" value="180031.56"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="180031.56"/>	
(c) Total Receipts (from Line 19) .....	<input type="text" value="8617.80"/>	<input type="text" value="8617.80"/>
(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="188649.36"/>	<input type="text" value="188649.36"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2404.81"/>	<input type="text" value="2404.81"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="186244.55"/>	<input type="text" value="186244.55"/>
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed <b>BY</b> 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

**LCV Victory Fund**

Report Covering the Period: From: M M / D D / Y Y Y Y 01 / 01 / 2017 To: M M / D D / Y Y Y Y 01 / 31 / 2017

<b>I. Receipts</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3000.00	3000.00
(ii) Unitemized .....	5616.00	5616.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	8616.00	8616.00
(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) .....	8616.00	8616.00
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.).....	1.80	1.80
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)).....▶	8617.80	8617.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	8617.80	8617.80

**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 .....	2354.81	2354.81
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	2354.81	2354.81
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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 .....	50.00	50.00
(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)).....	50.00	50.00
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)) ..	2404.81	2404.81
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2404.81	2404.81

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 05/2016)

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) .....	8616.00	8616.00
34. Total Contribution Refunds (from Line 28(d)) .....	50.00	50.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8566.00	8566.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	2354.81	2354.81
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2354.81	2354.81

**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 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)  
**LCV Victory Fund**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Bingham, David, , ,

Mailing Address 50 White Birch Rd

City Salem State CT Zip Code 06420-3918

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

Name of Employer (for Individual) Retired Occupation (for Individual) Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
01 / 30 / 2017

**Transaction ID : AD0D15C3E3D674FF59E7**

Amount of Each Receipt this Period  
3000.00

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  
MM / DD / YYYY

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  
MM / DD / YYYY

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	3000.00
<b>TOTAL</b> This Period (last page this line number only).....	3000.00

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

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

FOR LINE NUMBER: PAGE 7 OF 12  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (In Full)  
**LCV Victory Fund**

**A. Suntrust Bank**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address P.O. Box 622227  
 City Orlando State FL Zip Code 32862-2227  
 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 ▼  
 1.80

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 01 / 31 / 2017  
**Transaction ID : A9A81560860B346569B5**  
 Amount of Each Receipt this Period  
 1.80  
 Memo Item  
 Interest

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	1.80
<b>TOTAL</b> This Period (last page this line number only).....▶	1.80

**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)  
**LCV Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : B4254DBD48</b> Amount of Each Disbursement this Period 27.03	
City New York	State NY	Zip Code 10001-6708	Category/ Type
Purpose of Disbursement Bank Service Fee			
Candidate Name		Memo Item <input type="checkbox"/>	
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>B. Amalgamated Bank</b>		Date of Disbursement MM / DD / YYYY 01 / 25 / 2017	
Mailing Address 275 Seventh Avenue		FEC Identification Number C [REDACTED] <b>Transaction ID : BA4F58FF29C</b> Amount of Each Disbursement this Period 27.03	
City New York	State NY	Zip Code 10001-6708	Category/ Type
Purpose of Disbursement Bank Service Fee			
Candidate Name		Memo Item <input type="checkbox"/>	
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>C. Blackbaud, Inc.</b>		Date of Disbursement MM / DD / YYYY 01 / 09 / 2017	
Mailing Address 2000 Daniel Island Drive		FEC Identification Number C [REDACTED] <b>Transaction ID : B59A9073B1</b> Amount of Each Disbursement this Period 83.22	
City Daniel Island	State SC	Zip Code 29492-7540	Category/ Type
Purpose of Disbursement Credit Card Processing Fee			
Candidate Name		Memo Item <input type="checkbox"/>	
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:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	137.28
<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)  
**LCV Victory Fund**

Full Name (Last, First, Middle Initial)  
**A. Blackbaud, Inc.**

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 13 / 2017

FEC Identification Number  
C  
Transaction ID : **B23F00C4C0**  
Amount of Each Disbursement this Period  
48.03

Memo Item

Full Name (Last, First, Middle Initial)  
**B. Blackbaud, Inc.**

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 23 / 2017

FEC Identification Number  
C  
Transaction ID : **B0CB23C788**  
Amount of Each Disbursement this Period  
52.88

Memo Item

Full Name (Last, First, Middle Initial)  
**C. Blackbaud, Inc.**

Mailing Address 2000 Daniel Island Drive

City Daniel Island State SC Zip Code 29492-7540

Purpose of Disbursement  
Credit Card Processing Fee

Candidate Name

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

State: District:

Date of Disbursement  
MM / DD / YYYY  
01 / 27 / 2017

FEC Identification Number  
C  
Transaction ID : **B49B617AE/**  
Amount of Each Disbursement this Period  
72.78

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 173.69

**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)  
**LCV Victory Fund**

**A. League of Conservation Voters, Inc.**

Full Name (Last, First, Middle Initial)

Mailing Address 1920 L St NW  
Ste 800

City Washington State DC Zip Code 20036-5045

Purpose of Disbursement Admin and Compliance Support

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 24 / 2017

FEC Identification Number C

Transaction ID : B53C875E68I

Amount of Each Disbursement this Period 1262.91

Memo Item

**B. Suntrust Bank**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement Bank Service Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 20 / 2017

FEC Identification Number C

Transaction ID : B2C58BC43FI

Amount of Each Disbursement this Period 342.48

Memo Item

**C. Suntrust Bank**

Full Name (Last, First, Middle Initial)

Mailing Address P.O. Box 622227

City Orlando State FL Zip Code 32862-2227

Purpose of Disbursement Bank Service Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement 01 / 20 / 2017

FEC Identification Number C

Transaction ID : B4AE21B2F4I

Amount of Each Disbursement this Period 335.84

Memo Item

**SUBTOTAL** of Disbursements This Page (optional)..... ▶ 1941.23

**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)  
**LCV Victory Fund**

Full Name (Last, First, Middle Initial)

**A. Woodsboro Bank**

Mailing Address 5 N Main St

City Woodsboro State MD Zip Code 21798-8816

Purpose of Disbursement  
Bank Service Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2017

FEC Identification Number

**C**

Transaction ID : B1875C01A7

Amount of Each Disbursement this Period

51.95

Memo Item

Full Name (Last, First, Middle Initial)

**B. Woodsboro Bank**

Mailing Address 5 N Main St

City Woodsboro State MD Zip Code 21798-8816

Purpose of Disbursement  
Bank Service Fee

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY  
01 / 31 / 2017

FEC Identification Number

**C**

Transaction ID : B487AD4A53

Amount of Each Disbursement this Period

50.66

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  Senate  President  
State: District:

Disbursement For:  Primary  General  Other (specify) ▼

Category/Type

Date of Disbursement

MM / DD / YYYY

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

102.61

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

2354.81

**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)  
**LCV Victory Fund**

Full Name (Last, First, Middle Initial) <b>A. Unger, Deborah, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2017	
Mailing Address 821 5th St SW		FEC Identification Number C [ ] <b>Transaction ID : BBB30D46D9</b> Amount of Each Disbursement this Period [ ] 25.00	
City Rochester	State MN	Zip Code 55902-2068	Category/ Type [ ]
Purpose of Disbursement Refund		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>B. Unger, Deborah, , ,</b>		Date of Disbursement MM / DD / YYYY 01 / 17 / 2017	
Mailing Address 821 5th St SW		FEC Identification Number C [ ] <b>Transaction ID : B705B02DBF</b> Amount of Each Disbursement this Period [ ] 25.00	
City Rochester	State MN	Zip Code 55902-2068	Category/ Type [ ]
Purpose of Disbursement Refund		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement MM / DD / YYYY [ ] / [ ] / [ ]	
Mailing Address		FEC Identification Number C [ ] Amount of Each Disbursement this Period [ ]	
City	State	Zip Code	Category/ Type [ ]
Purpose of Disbursement		Candidate Name	
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) ▼		Memo Item <input type="checkbox"/>
State: District:			

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	[ ] 50.00
<b>TOTAL</b> This Period (last page this line number only).....▶	[ ] 50.00