

# 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

American Nurses Association PAC

ADDRESS (number and street)

8515 Georgia Avenue

Suite 400

☐ Check if different than previously reported. (ACC)

Silver Spring

MD

20910

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00017525

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

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☒ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M

D D D

Y Y Y Y Y Y Y Y

11

06

2012

in the State of

MD

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M

D D D

Y Y Y Y Y Y Y Y

in the State of

5. Covering Period

M M M

D D D

Y Y Y Y Y Y Y Y

10

01

2014

through

M M M

D D D

Y Y Y Y Y Y Y Y

10

15

2014

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 Jan C. Polizzi

Signature of Treasurer

Jan C. Polizzi

[Electronically Filed]

Date

M M M

D D D

Y Y Y Y Y Y Y Y

10

23

2014

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

Office  
Use  
Only

### FEC FORM 3X

Rev. 12/2004

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y Y
10		15		2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date															
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2014</td></tr></table>	Y	Y	Y	Y	Y	2014						<table><tr><td colspan="5">78783.95</td></tr></table>	78783.95				
Y	Y	Y	Y	Y													
2014																	
78783.95																	
(b) Cash on Hand at Beginning of Reporting Period.....	<table><tr><td colspan="5">76158.07</td></tr></table>	76158.07															
76158.07																	
(c) Total Receipts (from Line 19) .....	<table><tr><td colspan="5">5860.10</td></tr></table>	5860.10					<table><tr><td colspan="5">244520.38</td></tr></table>	244520.38									
5860.10																	
244520.38																	
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<table><tr><td colspan="5">82018.17</td></tr></table>	82018.17					<table><tr><td colspan="5">323304.33</td></tr></table>	323304.33									
82018.17																	
323304.33																	
7. Total Disbursements (from Line 31).....	<table><tr><td colspan="5">6018.32</td></tr></table>	6018.32					<table><tr><td colspan="5">247304.48</td></tr></table>	247304.48									
6018.32																	
247304.48																	
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	<table><tr><td colspan="5">75999.85</td></tr></table>	75999.85					<table><tr><td colspan="5">75999.85</td></tr></table>	75999.85									
75999.85																	
75999.85																	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
0.00																	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	<table><tr><td colspan="5">0.00</td></tr></table>	0.00															
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. 06/2004)

Page 3

Write or Type Committee Name

American Nurses Association PAC

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y
10		01		2014

To:

M M	/	D D	/	Y Y Y Y
10		15		2014

**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).....

2610.19

57623.52

(ii) Unitemized .....

3249.91

186896.86

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

5860.10

244520.38

(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) .....

5860.10

244520.38

## 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))..... ▶

5860.10

244520.38

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

5860.10

244520.38

**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) 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 .....	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.....	6000.00	246600.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (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 .....	18.32	290.32
(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)).....	18.32	290.32
29. Other Disbursements .....	0.00	414.16
30. Federal Election Activity (2 U.S.C. §431(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)) ..	6018.32	247304.48
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	6018.32	247304.48

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5860.10	244520.38
34. Total Contribution Refunds (from Line 28(d)) .....	18.32	290.32
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5841.78	244230.06
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)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

PAGE 6 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. KATHLEEN M. WHELAN**

Mailing Address 2636 Whittier Ave

City

Louisville

State

KY

Zip Code

40205-2639

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Audobon Medical Center

Occupation

ARNP

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

10 / 01 / 2014

**Transaction ID : AF291B552F3D5422874**

Amount of Each Receipt this Period

240.00

Full Name (Last, First, Middle Initial)

**B. Ms. Gayle M. Peterson**

Mailing Address 20 Sargent St

City

Melrose

State

MA

Zip Code

02176-1932

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MGH

Occupation

Staff Nurse

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

833.36

Date of Receipt

10 / 02 / 2014

**Transaction ID : A83DD1A95262B48EFB2C**

Amount of Each Receipt this Period

416.68

Full Name (Last, First, Middle Initial)

**C. Lorine W. Spencer**

Mailing Address 3559 Castlehill Way

City

Tucker

State

GA

Zip Code

30084-3902

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ABDR

Occupation

RN

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

10 / 07 / 2014

**Transaction ID : A7D9A0055A42843E0817**

Amount of Each Receipt this Period

500.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1156.68

# **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

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Irene J. Eaton**

Mailing Address 73 Fletcher St

City

Kennebunk

State

ME

Zip Code

04043-6709

FEC ID number of contributing  
federal political committee.

C

Name of Employer

President

Occupation

ANA Maine

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

625.00

Date of Receipt

10 / 08 / 2014

Transaction ID : A4181F57F2330424F956

Amount of Each Receipt this Period

150.00

Full Name (Last, First, Middle Initial)

**B. Dr. Shirley M. Morrison**

Mailing Address 1634 Aspen Grove Dr

City

Houston

State

TX

Zip Code

77077-4004

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Md Anderson

Occupation

RN

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

750.01

Date of Receipt

10 / 08 / 2014

Transaction ID : ABE6A4629574E4776AC2

Amount of Each Receipt this Period

83.34

Full Name (Last, First, Middle Initial)

**C. Sylvia Weber**

Mailing Address 84 Shaw Ave.

City

Cranston

State

RI

Zip Code

02905-3823

FEC ID number of contributing  
federal political committee.

C

Name of Employer

The Miriam Hosp

Occupation

Clinical Specialist

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

670.00

Date of Receipt

10 / 08 / 2014

Transaction ID : A64445FEB38014D65A60

Amount of Each Receipt this Period

80.00

**SUBTOTAL** of Receipts This Page (optional)..... ►

313.34

**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 PageFOR LINE NUMBER:  
(check only one)

PAGE 8 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
---	------------------------------	------------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------	-----------------------------

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Ms. Patricia W. Clausen**

Mailing Address 10725 Bucknell Dr

City

Silver Spring

State

MD

Zip Code

20902-4362

FEC ID number of contributing  
federal political committee.

C

Name of Employer

MOBILE MEDICAL

Occupation

NURSE PRACTITIONER

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

286.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		09		2014

Transaction ID : A096F5FEA19F0430DA87

Amount of Each Receipt this Period

36.00

Full Name (Last, First, Middle Initial)

**B. mary hatton**

Mailing Address 317 Forest Rd

City

Lilesville

State

NC

Zip Code

28091-7034

FEC ID number of contributing  
federal political committee.

C

Name of Employer

ANSON COMM HOSPITAL

Occupation

Registered Nurse

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

245.85

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		11		2014

Transaction ID : AC0C8DAAF401440DAB94

Amount of Each Receipt this Period

20.83

Full Name (Last, First, Middle Initial)

**C. Ms. Judith A Huntington**

Mailing Address 12816 SE 243rd St

City

Kent

State

WA

Zip Code

98030-5083

FEC ID number of contributing  
federal political committee.

C

Name of Employer

WASHINGTON STATE NURSES A

Occupation

Staff

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

416.70

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		14		2014

Transaction ID : A72774D07D0EA4983B3A

Amount of Each Receipt this Period

83.34

**SUBTOTAL** of Receipts This Page (optional)..... ►

140.17

**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:  
(check only one)

PAGE 9 OF 11

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. Dr. KATHERINE KENNY**

Mailing Address 6026 N 5th Pl

City

Phoenix

State

AZ

Zip Code

85012-1278

FEC ID number of contributing  
federal political committee.

C

Name of Employer

St. Joseph's Hospital And Medical Cent

Occupation

Nurse Practitioner

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
10 / 14 / 2014

**Transaction ID : A8F5846E114F243A9AE8**

Amount of Each Receipt this Period

1000.00

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

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

**SUBTOTAL** of Receipts This Page (optional)..... ►

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

1000.00

2610.19

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 11

<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)

**American Nurses Association PAC**

Full Name (Last, First, Middle Initial)

**A. ANNA ESHOO FOR CONGRESS**

Mailing Address 222 Capitol Mall Ste 1425

City	State	Zip Code
Sacramento	CA	95814

Purpose of Disbursement

Candidate Name

**Rep. Anna G. Eshoo**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: CA District: 18

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : B3048DBC1776F499DB7A**

Amount of Each Disbursement this Period

4000.00
---------

Full Name (Last, First, Middle Initial)

**B. SEAN PATRICK MALONEY FOR CONGRESS**

Mailing Address PO BOX 270

City	State	Zip Code
Newburgh	NY	12551-0270

Purpose of Disbursement

Candidate Name

**Rep. Sean P. Maloney**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NY District: 18

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		08		2014

**Transaction ID : B5D376F980F9D4168A5A**

Amount of Each Disbursement this Period

1000.00
---------

Full Name (Last, First, Middle Initial)

**C. PRICE FOR CONGRESS**

Mailing Address PO Box 1986

City	State	Zip Code
Raleigh	NC	27602-1986

Purpose of Disbursement

Candidate Name

**Rep. David E. Price**

Office Sought:	<input checked="" type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

State: NC District: 04

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		15		2014

**Transaction ID : BEF885F450F59489F904**

Amount of Each Disbursement this Period

1000.00
---------

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

6000.00
---------

6000.00
---------

	21b		22		23		24		25		26
	27	X	28a		28b		28c		29		30b

American Nurses Association PAC

### A. Michele H. Smith

Mailing Address 3900 Sherman Oaks Ave

City	State	Zip Code
Virginia Beach	VA	23456-5722

Purpose of Disbursement	refund 8/14/2014 donation
-------------------------	---------------------------

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) ▼		

Date of Disbursement

Transaction ID : BC323ACB13AAB4976ABC

Amount of Each Disbursement this Period

Age Group	Percentage
18-24	2.08
25-34	1.92
35-44	1.92
45-54	1.92
55-64	1.92
65-74	1.92
75-84	1.92
85+	1.92

**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### Purpose of Disbursement

Candidate Name

Office Sought:	<input type="checkbox"/>	House
	<input type="checkbox"/>	Senate
	<input type="checkbox"/>	President

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

Date of Disbursement

Amount of Each Disbursement this Period

**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City	State	Zip Code
------	-------	----------

### 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) ▼		

Date of Disbursement

Amount of Each Disbursement this Period

A diagram of a rectangular frame. It consists of a horizontal beam at the top and a horizontal beam at the bottom, connected by vertical supports. The top beam has several small rectangular protrusions along its length. The bottom beam has several small rectangular protrusions along its length, with some of them being larger and more prominent than others.

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

A horizontal bar with a value of 2.08. The bar is light gray with a darker gray outline. The value "2.08" is written in black text at the right end of the bar.

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



2.08