

# 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**  
**GE HealthCare Technologies Inc. PAC**

ADDRESS (number and street) **1100 New York Ave NW - Ste 300A**  
Check if different than previously reported. (ACC) **Washington DC 20005**

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲  
**C C00830208** 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)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
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  /  /  2024 through  /  /  2024

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer **Duncan, Monica, , ,**

Signature of Treasurer **Duncan, Monica, , ,** Date  /  /  2024

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

SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

GE HealthCare Technologies Inc. PAC

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2024		49132.41
(b) Cash on Hand at Beginning of Reporting Period.....	55330.41	
(c) Total Receipts (from Line 19) .....	12572.00	38270.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	67902.41	87402.41
7. Total Disbursements (from Line 31).....	8416.00	27916.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	59486.41	59486.41
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

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

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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

GE HealthCare Technologies Inc. PAC

Report Covering the Period: From: 03 / 01 / 2024 To: 03 / 31 / 2024

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	7685.00	20964.00
(ii) Unitemized .....	4887.00	16890.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	12572.00	37854.00
(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) .....	12572.00	37854.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	416.00
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)).....▶	12572.00	38270.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	12572.00	38270.00

**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 .....	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.....	8000.00	27500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	416.00	416.00
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)) ..	8416.00	27916.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8416.00	27916.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	12572.00	37854.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12572.00	37854.00
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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13 <input type="checkbox"/> 11b <input type="checkbox"/> 14 <input type="checkbox"/> 11c <input type="checkbox"/> 15 <input type="checkbox"/> 12 <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)  
**GE HealthCare Technologies Inc. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Arduini, Peter, J, ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : 67112D594DE14A389CE4</b>
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 416.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, GE Healthcare	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1248.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Beard, John, Walker, ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : BEEA12B2571840E6A0C7</b>
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 100.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Medical Officer, Patient Care So	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Biscotti, Larry, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : A8624EDAA8164400A1AA</b>
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 208.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President, USCAN Imaging	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 624.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	724.00
<b>TOTAL</b> 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 7 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GE HealthCare Technologies Inc. PAC**

**A. Cubbin, Renae, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Vice President and Senior Tax Counsel  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 84A9B9B3CD424CBB97CF**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Donohoe, Michael, Patrick, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Lean & Transformation Leader  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 42E7880D8A3B45588965**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. El-Demerdash, Mohamed, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) USCAN Service Leader  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 7648A96F1F804F3BA09B**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	608.00
<b>TOTAL</b> 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 8 OF 20
	<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)  
**GE HealthCare Technologies Inc. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>A. Epane-Osuala, Abigail, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : 70E67F6BB9B84ABA941E</b>
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 200.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Diversity Equity & Inclusion Off	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 600.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>B. Gilbreath, Rachel, D, ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : C029FD7C50CC41D9A07B</b>
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 208.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) North East Region President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 624.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name <b>C. Gurney, Laila, , ,</b>		Date of Receipt MM / DD / YYYY 03 / 22 / 2024 <b>Transaction ID : 94709E0F14CD4DFEBF52</b>
Mailing Address 500 West Monroe Street		Amount of Each Receipt this Period 416.00
City Chicago	State IL	Zip Code 60661
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) Chief Quality & Regulatory Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 1248.00	

<b>SUBTOTAL</b> of Receipts This Page (optional).....	824.00
<b>TOTAL</b> 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 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GE HealthCare Technologies Inc. PAC**

**A. Halstrom, Danielle, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Communications Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : 3395A344C7814EF1B7F1**  
 Amount of Each Receipt this Period  
 208.00  
 Memo Item

**B. Hill, John, C, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) VP, Advanced Technology  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 660.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : AB9C57F0B86645748710**  
 Amount of Each Receipt this Period  
 220.00  
 Memo Item

**C. Holevas, Tracey, B., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) VP - Clinical Research Operations  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : 8B28E4EC47594DAFAD04**  
 Amount of Each Receipt this Period  
 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	503.00
<b>TOTAL</b> 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 10 OF 20
<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)  
**GE HealthCare Technologies Inc. PAC**

**A. Jendusa Orrico, Jennifer, Marie, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Compliance Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 2028DBE697234B1992E4**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Jimenez, Frank, Ruben, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) General Counsel, GE Healthcare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : D26AAF4019FE45028024**  
 Amount of Each Receipt this Period 416.00  
 Memo Item

**C. Kelley, Scott, D., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Medical Safety Officer  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : D1F761A910B541BCAF AE**  
 Amount of Each Receipt this Period 75.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	699.00
<b>TOTAL</b> 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 11 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GE HealthCare Technologies Inc. PAC**

**A. Khandaker, Jahidul, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Information Officer, GE Healthca  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : F1CDE38143C94523A2C8**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Kirschner, Daniel, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) VP, Global Real Estate  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : D20CC54ECED440A5960E**  
 Amount of Each Receipt this Period 416.00  
 Memo Item

**C. Kulka, John, A., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Financial Officer, USCAN  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 53CA2C1D8AFF44AEAB8E**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	832.00
<b>TOTAL</b> 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 12 OF 20
<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)  
**GE HealthCare Technologies Inc. PAC**

**A. Larson, Betty, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief People Officer, GE Healthcare  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 450.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : 414B820528494C789AFB**  
 Amount of Each Receipt this Period 150.00  
 Memo Item

**B. Lauth, Jenny, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Securities and Governance Coun  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : E73F809CC571453AB0D1**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**C. Li, Zhu, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Technology Officer - Global MR  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt  
 03 / 22 / 2024  
**Transaction ID : 96F359EBE56642C9A8F1**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	458.00
<b>TOTAL</b> 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 13 OF 20
	<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)  
**GE HealthCare Technologies Inc. PAC**

**A. Marcella, Orrin, K, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Executive - Government Affairs and Pol  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 254F50DE89DA40398872**  
 Amount of Each Receipt this Period 200.00  
 Memo Item

**B. Montgomery, Brian, Christopher, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Strategy Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 375.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 0C9A7993D3FF43C3B117**  
 Amount of Each Receipt this Period 125.00  
 Memo Item

**C. Pauls, Kerry, L, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) HR Business Partner  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 7F8DB980EDF147FCAED7**  
 Amount of Each Receipt this Period 100.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	425.00
<b>TOTAL</b> 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 14 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GE HealthCare Technologies Inc. PAC**

**A. Saccaro, James, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Vice President & Chief Financial Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 8FE1803A5F354A1FBA73**  
 Amount of Each Receipt this Period 416.00  
 Memo Item

**B. Schaeffler, John, W, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Executive Director - Government Affairs  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 6E022DE2037446AAB347**  
 Amount of Each Receipt this Period 416.00  
 Memo Item

**C. Schmeling, John, M, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Chief Technology Officer, Ultrasound  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 9B68D468543D4B3F9199**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	1040.00
<b>TOTAL</b> 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 15 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GE HealthCare Technologies Inc. PAC**

**A. Sikorski, Anthony, J, ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) MR Chief Operating Officer  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 624.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 2F91A6624191414DB7CE**  
 Amount of Each Receipt this Period 208.00  
 Memo Item

**B. Stacherski, Kenneth, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) Head of Global Supply Chain and Servi  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 1248.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 8F5515BD261B454CA2EB**  
 Amount of Each Receipt this Period 416.00  
 Memo Item

**C. Vidonish, George, , , JR**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 500 West Monroe Street  
 City Chicago State IL Zip Code 60661  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GE Healthcare Occupation (for Individual) GM, Integrated Supply Chain Programs  
 Receipt For:  Primary  General  Other (specify)  
 Aggregate Year-to-Date ▼ 348.00

Date of Receipt 03 / 22 / 2024  
**Transaction ID : 8A1906F4B48749FEB93A**  
 Amount of Each Receipt this Period 116.00  
 Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	740.00
<b>TOTAL</b> 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 16 OF 20
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)  
**GE HealthCare Technologies Inc. PAC**

**A.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Westrick, Thomas, J, ,

Mailing Address 500 West Monroe Street

City Chicago	State IL	Zip Code 60661
-----------------	-------------	-------------------

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

Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, Patient Care Solution
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 22 / 2024

**Transaction ID : 5046F3D71DBB4F1BA9B4**

Amount of Each Receipt this Period  
416.00

Memo Item

**B.** Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Zhang, Yihao, , ,

Mailing Address 500 West Monroe Street

City Chicago	State IL	Zip Code 60661
-----------------	-------------	-------------------

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

Name of Employer (for Individual) GE Healthcare	Occupation (for Individual) President & CEO, GE Healthcare China
--	---

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
1248.00

Date of Receipt  
 M M M / D D D / Y Y Y Y Y Y  
 03 / 29 / 2024

**Transaction ID : 7F5DDD2C5F994062B350**

Amount of Each Receipt this Period  
416.00

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 M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	832.00
<b>TOTAL</b> This Period (last page this line number only).....	7685.00



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)

Grid for line numbers: 21b, 22, 23, 26, 27, 28a, 28b, 28c, 29, 30b. Box 23 is checked.

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NAME OF COMMITTEE (In Full)
GE HealthCare Technologies Inc. PAC

Form A: Bera For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form B: Blake Moore For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

Form C: Fry For Congress. Includes fields for Full Name, Mailing Address, City, State, Zip Code, Purpose of Disbursement, Candidate Name, Office Sought, Disbursement For, Date of Disbursement, FEC Identification Number, Transaction ID, and Amount of Each Disbursement.

SUBTOTAL of Disbursements This Page (optional) 3000.00
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)

Form for line numbers 21b-28a, 22-28b, 23-28c, 26-29, 27-30b with checkboxes.

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NAME OF COMMITTEE (In Full)

GE HealthCare Technologies Inc. PAC

Full Name (Last, First, Middle Initial)

A. Guthrie For Congress

Mailing Address PO Box 22401

City Louisville

State KY

Zip Code 40252

Purpose of Disbursement 2024 Primary

Category/Type 011

Candidate Name

Guthrie, S. Brett, , ,

Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 02

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

Date of Disbursement

Date of Disbursement 03 / 21 / 2024

FEC Identification Number

C00445023

Transaction ID : F160BB9E7F

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

B. Michelle Steel For Congress

Mailing Address 9070 Irvine Center Dr Ste 150

City Irvine

State CA

Zip Code 92618

Purpose of Disbursement 2024 General

Category/Type 011

Candidate Name

Steel, Michelle, Park, ,

Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 45

Disbursement For: 2024
[ ] Primary [X] General
[ ] Other (specify) v

Date of Disbursement

Date of Disbursement 03 / 21 / 2024

FEC Identification Number

C00704981

Transaction ID : 038A78A69D

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

Full Name (Last, First, Middle Initial)

C. Miller-Meeks For Congress

Mailing Address PO Box 33

City Ottumwa

State IA

Zip Code 52501

Purpose of Disbursement 2024 Primary

Category/Type 011

Candidate Name

Miller-Meeks, Mariannette, Jane, ,

Office Sought: [X] House [ ] Senate [ ] President
State: IA District: 01

Disbursement For: 2024
[X] Primary [ ] General
[ ] Other (specify) v

Date of Disbursement

Date of Disbursement 03 / 21 / 2024

FEC Identification Number

C00558825

Transaction ID : C496C902BE

Amount of Each Disbursement this Period

1000.00

[ ] Memo Item

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

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

3000.00

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

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NAME OF COMMITTEE (In Full)

**GE HealthCare Technologies Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. Nevadans For Steven Horsford**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2024

Mailing Address PO Box 336664

City  
North Las Vegas

State  
NV

Zip Code  
89033

FEC Identification Number

**C** C00668228

**Transaction ID : 7DC7293118c**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
2024 Primary

011

Category/  
Type

Candidate Name

Horsford, Steven, Alexzander, ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: NV District: 04

Memo Item

Full Name (Last, First, Middle Initial)

**B. Ron Estes For Congress**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
03		21		2024

Mailing Address PO Box 782952

City  
Wichita

State  
KS

Zip Code  
67278-2952

FEC Identification Number

**C** C00632067

**Transaction ID : 16A2955FDAI**

Amount of Each Disbursement this Period

1000.00

Purpose of Disbursement  
2024 Primary

011

Category/  
Type

Candidate Name

Estes, Ron, , ,

Office Sought:  House  
 Senate  
 President

Disbursement For: 2024  
 Primary  General  
 Other (specify) ▼

State: KS District: 04

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y

Mailing Address

City

State

Zip Code

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  
 Primary  General  
 Other (specify) ▼

State: District:

Memo Item

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

2000.00

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

8000.00

**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"/> 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)

**GE HealthCare Technologies Inc. PAC**

Full Name (Last, First, Middle Initial)

**A. GE HealthCare Technologies Inc.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y
0	3		1	3		2	0	2	4		

Mailing Address PO Box 749028

City  
Atlanta

State  
GA

Zip Code  
30374

FEC Identification Number

C [ ]

**Transaction ID : VF6CC69BC5**  
Amount of Each Disbursement this Period

[ ] 416.00

Memo Item

Purpose of Disbursement

Refund of 1/19 Overpayment

Category/  
Type

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary     General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Purpose of Disbursement

Candidate Name

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary     General  
 Other (specify) ▼

State:

District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y	Y	Y

Mailing Address

City

State

Zip Code

FEC Identification Number

C [ ]

Amount of Each Disbursement this Period

[ ]

Memo Item

Office Sought:

 House  
 Senate  
 President

Disbursement For:

 Primary     General  
 Other (specify) ▼

State:

District:

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

[ ] 416.00

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

[ ] 416.00