

# FEC FORM 3

# REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** Example: If typing, type over the lines.   
Alas For Congress

ADDRESS (number and street)   
 Check if different than previously reported. (ACC)

2. **FEC IDENTIFICATION NUMBER**   
3. IS THIS REPORT  NEW (N) **OR**  AMENDED (A)  
CITY  STATE  ZIP CODE STATE  DISTRICT

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)  
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on  /  /  in the State of   
(c) 30-Day **POST**-Election Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on  /  /  in the State of

5. Covering Period  /  /  through  /  /

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 Nancy M Kremer  
Signature of Treasurer Nancy M Kremer [Electronically Filed] Date  /  /

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

**SUMMARY PAGE**  
of Receipts and Disbursements

Write or Type Committee Name  
**Alas For Congress**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	3524.00	57136.64
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	3524.00	57136.64
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	5464.08	49559.45
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	5464.08	49559.45
8. Cash on Hand at Close of Reporting Period (from Line 27).....	7577.19	
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	

**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 3 (Revised 12/2003)

Write or Type Committee Name

**Alas For Congress**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3200.00	46085.42
(ii) Unitemized.....	324.00	10551.22
(iii) TOTAL of contributions from individuals ▶	3524.00	56636.64
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	3524.00	57136.64
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	0.00
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	3524.00	57136.64

**DETAILED SUMMARY PAGE**  
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	5464.08	49559.45
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ▶	5464.08	49559.45

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	9517.27
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	3524.00
25. SUBTOTAL (add Line 23 and Line 24).....	13041.27
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	5464.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	7577.19

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 11e 15	

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Xiaoyu Li**

Mailing Address 3200 Rosemead Blvd.

City El Monte State CA Zip Code 91731

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

Name of Employer Whitley Intl Co Ltd Occupation President

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.4637**

Amount of Each Receipt this Period  
Contribution  
1000.00

**B.** Full Name (Last, First, Middle Initial)  
**Andrew McIntyre**

Mailing Address 370 East Rowland St.

City Covina State CA Zip Code 91723

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

Name of Employer McIntyre Properties Occupation Project Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.4670**

Amount of Each Receipt this Period  
In-kind - rent  
400.00

**C.** Full Name (Last, First, Middle Initial)  
**John McMahon**

Mailing Address 2772 Seminole Circle

City Fairfield State CA Zip Code 94533

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

Name of Employer self Occupation Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.4671**

Amount of Each Receipt this Period  
In-kind - rent  
400.00

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

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

1800.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

**A.** Full Name (Last, First, Middle Initial)  
**Marry McMahon**

Mailing Address 2772 Seminole Circle

City State Zip Code  
Fairfield CA 94533

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

Name of Employer self Occupation  
Real Estate Investor

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
2350.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.4672**

Amount of Each Receipt this Period  
400.00

In-kind - rent

**B.** Full Name (Last, First, Middle Initial)  
**Ta Siu**

Mailing Address 2955 Wagon Train Lane

City State Zip Code  
Diamond Bar CA 91765

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

Name of Employer ElectroMed Co. Occupation  
Manager

Receipt For: 2014  
 Primary  General  
 Other (specify)

Election Cycle-to-Date  
1000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
10 / 15 / 2014

**Transaction ID : SA11AI.4638**

Amount of Each Receipt this Period  
1000.00

Contribution

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

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)

Election Cycle-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).....

1400.00

3200.00

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

Full Name (Last, First, Middle Initial) <b>A. 4Over</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 5900 San Fernando Road		Amount of Each Disbursement this Period 1031.14 <b>Transaction ID : SB17.4663</b>
City Glendale	State CA	
Purpose of Disbursement Printing	Category/ Type 006	
Candidate Name <b>Alas For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CA	District: 32	

Full Name (Last, First, Middle Initial) <b>B. Sandra Alas</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 225 East Colorado Blvd		Amount of Each Disbursement this Period 897.43 <b>Transaction ID : SB17.4655</b>
City Pasadena	State CA	
Purpose of Disbursement Fundraiser Supplies	Category/ Type 003	
Candidate Name <b>Alas For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CA	District: 32	

Full Name (Last, First, Middle Initial) <b>c. Callfire, Inc.</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 14 / 2014
Mailing Address 1410 2nd Street #200		Amount of Each Disbursement this Period 100.00 <b>Transaction ID : SB17.4664</b>
City Santa Monica	State CA	
Purpose of Disbursement Calling	Category/ Type 006	
Candidate Name <b>Alas For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State: CA	District: 32	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	2028.57
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

Full Name (Last, First, Middle Initial) <b>A. Grand Printing</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 08 / 2014
Mailing Address 221 E San Bernardino Rd.		Amount of Each Disbursement this Period 303.67
City Covina State CA Zip Code 91723	Purpose of Disbursement Printing	Transaction ID : SB17.4662
Candidate Name <b>Alas For Congress</b>	Category/Type 006	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 32		

Full Name (Last, First, Middle Initial) <b>B. Andrew McIntyre</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 370 East Rowland St.		Amount of Each Disbursement this Period 400.00
City Covina State CA Zip Code 91723	Purpose of Disbursement In-kind - rent	Transaction ID : SB17.4675
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) <b>C. John McMahon</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 2772 Seminole Circle		Amount of Each Disbursement this Period 400.00
City Fairfield State CA Zip Code 94533	Purpose of Disbursement In-kind - rent	Transaction ID : SB17.4674
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1103.67
<b>TOTAL</b> This Period (last page this line number only).....	



**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11			
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

Full Name (Last, First, Middle Initial) <b>A. Marry McMahan</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 15 / 2014
Mailing Address 2772 Seminole Circle		Amount of Each Disbursement this Period 400.00 <b>Transaction ID : SB17.4673</b>
City Fairfield	State CA	
Zip Code 94533	Purpose of Disbursement In-kind - rent	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) <b>B. National Cinema Media</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 9110 East Nichols Ave 200		Amount of Each Disbursement this Period 610.00 <b>Transaction ID : SB17.4650</b>
City Centennial	State CO	
Zip Code 80112	Purpose of Disbursement Advertising	Category/ Type
Candidate Name <b>Alas For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: CA District: 32	Other (specify)	

Full Name (Last, First, Middle Initial) <b>c. Paypal</b>		Date of Disbursement M M / D D / Y Y Y Y 10 / 01 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period 186.01 <b>Transaction ID : SB17.4669</b>
City San Jose	State CA	
Zip Code 95131	Purpose of Disbursement Merchant Fees	Category/ Type
Candidate Name <b>Alas For Congress</b>	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: CA District: 32	Other (specify)	

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	1196.01
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 10 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>A. Paypal</b>		M M / D D / Y Y Y Y 10 / 06 / 2014
Mailing Address 2211 North First Street		Amount of Each Disbursement this Period
City San Jose State CA Zip Code 95131		10.00
Purpose of Disbursement Merchant Account Fee		Transaction ID : SB17.4659
Candidate Name Alas For Congress		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 32		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>B. Salem Communications</b>		M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address 701 N Brand Blvd 550		Amount of Each Disbursement this Period
City Glendale State CA Zip Code 91203		300.00
Purpose of Disbursement Radio Show		Transaction ID : SB17.4649
Candidate Name Alas For Congress		Category/Type 004
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 32		

Full Name (Last, First, Middle Initial)		Date of Disbursement
<b>C. Southern California Edison</b>		M M / D D / Y Y Y Y 10 / 03 / 2014
Mailing Address PO Box 600		Amount of Each Disbursement this Period
City Rosemead State CA Zip Code 91771		262.80
Purpose of Disbursement Utilities		Transaction ID : SB17.4653
Candidate Name Alas For Congress		Category/Type 001
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: CA District: 32		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	572.80
<b>TOTAL</b> This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)  
**Alas For Congress**

Full Name (Last, First, Middle Initial) <b>A. Verizon</b>		Date of Disbursement M M / D D / Y Y Y Y <b>10 / 04 / 2014</b>	
Mailing Address 1331 S Lone Hill Ave.		Amount of Each Disbursement this Period <b>282.28</b>	
City Glendora	State CA		Zip Code 91740
Purpose of Disbursement Utilities	Category/ Type <b>001</b>		
Candidate Name <b>Alas For Congress</b>		<b>Transaction ID : SB17.4656</b>	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)		
State: CA	District: 32		

Full Name (Last, First, Middle Initial) <b>B.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement	Category/ Type		
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)		
State:	District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address		Amount of Each Disbursement this Period	
City	State		Zip Code
Purpose of Disbursement	Category/ Type		
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)		
State:	District:		

<b>SUBTOTAL</b> of Disbursements This Page (optional).....	<b>282.28</b>
<b>TOTAL</b> This Period (last page this line number only).....	<b>5183.33</b>