

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 Medical Professional Liability Association Political Action Committee

ADDRESS (number and street) 2275 Research Boulevard Ste. 250 Rockville MD 20850-6213 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C00319319 3. IS THIS REPORT NEW (N) OR AMENDED (A)

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31 (selected), July 31 Mid-Year, Termination Report. (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31. (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special. (d) 30-Day POST-Election Report for the: General, Runoff, Special.

5. Covering Period 07 / 01 / 2021 through 12 / 31 / 2021

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Atchinson, Brian, K., Mr.,

Type or Print Name of Treasurer

Signature of Treasurer Atchinson, Brian, K., Mr., [Electronically Filed] Date 01 / 14 / 2022

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

Medical Professional Liability Association Political Action Committee

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="2021"/>	<input type="text"/>	<input type="text" value="11188.53"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23674.64"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3824.45"/>	<input type="text" value="17793.75"/>
(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="27499.09"/>	<input type="text" value="28982.28"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="105.75"/>	<input type="text" value="1588.94"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="27393.34"/>	<input type="text" value="27393.34"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY 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

Write or Type Committee Name

Medical Professional Liability Association Political Action Committee

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

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).....	3350.00	13800.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3350.00	13800.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	3500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	3350.00	17300.00
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).....	470.25	478.35
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	4.20	15.40
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)).....▶	3824.45	17793.75
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3824.45	17793.75

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	105.75	588.94
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	105.75	588.94
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	1000.00
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).....	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)) ..	105.75	1588.94
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	105.75	1588.94

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	3350.00	17300.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3350.00	17300.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	105.75	588.94
37. Offsets to Operating Expenditures (from Line 15, page 3).....	470.25	478.35
38. Net Operating Expenditures (subtract Line 37 from Line 36)	- 364.50	110.59

**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"/> 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

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)
Medical Professional Liability Association Political Action Committee

A. Calianos, Theodore, A., Dr., II
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address One Financial Center
 675 Atlantic Avenue
 City Boston State MA Zip Code 02111-2621
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Coverys Occupation (for Individual) Director
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 600.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 11 / 01 / 2021
Transaction ID : AB4F7CAF965054D2AA2B
 Amount of Each Receipt this Period
 600.00
 Memo Item

B. Couch, Chad, T., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address PO Box 1065
 City Brentwood State TN Zip Code 37024-1065
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Bristol Regional Medical Center Occupation (for Individual) Chief Medical Officer
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 150.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 08 / 2021
Transaction ID : A5651AA2BB0344EFC9EC
 Amount of Each Receipt this Period
 150.00
 Memo Item

C. Dorn, Ronald, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 100 E Idaho St
 City Boise State ID Zip Code 83712-6267
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) St Lukes Cancer Institute; MIEC Occupation (for Individual) Radiation Oncology
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 10 / 29 / 2021
Transaction ID : A15627C203E534FCD9F8
 Amount of Each Receipt this Period
 300.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	1050.00
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 7 OF 12
<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

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)
Medical Professional Liability Association Political Action Committee

A. Murphy, Joseph, G., Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) President & CEO
----------------------------------------------	------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	02	/	2021

Transaction ID : A8333E80CF59B46BA98D

Amount of Each Receipt this Period
1000.00

Memo Item

B. Sheridan, Robert, , Mr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address One Financial Center
675 Atlantic Avenue

City Boston	State MA	Zip Code 02111-2621
----------------	-------------	------------------------

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

Name of Employer (for Individual) Coverys	Occupation (for Individual) Board Member
----------------------------------------------	---------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	03	/	2021

Transaction ID : AF0EE96D3212345858F3

Amount of Each Receipt this Period
1000.00

Memo Item
Contribution

C. White, Frederick, Jeff, Dr., III
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 8001 Youree Dr

City Shreveport	State LA	Zip Code 71115-2302
--------------------	-------------	------------------------

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

Name of Employer (for Individual) LAMMICO	Occupation (for Individual) Chairman of the Board
----------------------------------------------	------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	25	/	2021

Transaction ID : ABF2C8C59B4DE4776A32

Amount of Each Receipt this Period
300.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	2300.00
TOTAL This Period (last page this line number only).....	3350.00

**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 8 OF 12
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" 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)
Medical Professional Liability Association Political Action Committee

A. Medical Professional Liability Association

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Research Blvd
Ste 250

City Rockville State MD Zip Code 20850-6213

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 ▼
372.60

Date of Receipt
MM / DD / YYYY
07 / 20 / 2021

Transaction ID : A340EECB526334533B8B

Amount of Each Receipt this Period
364.50

Memo Item
Offset for credit card fees

B. Medical Professional Liability Association

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2275 Research Blvd
Ste 250

City Rockville State MD Zip Code 20850-6213

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 ▼
478.35

Date of Receipt
MM / DD / YYYY
12 / 28 / 2021

Transaction ID : A0BE7AF462D944CE0BE6

Amount of Each Receipt this Period
105.75

Memo Item
Credit card fee reimbursements

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

SUBTOTAL of Receipts This Page (optional).....	470.25
TOTAL This Period (last page this line number only).....	470.25

**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 12
<input 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 checked="" 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)
Medical Professional Liability Association Political Action Committee

A. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼ **11.88**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07		31		2021

Transaction ID : A4452082CB8624D99A6E

Amount of Each Receipt this Period

0.68

Memo Item
Interest from bank account

B. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼ **12.56**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08		31		2021

Transaction ID : A43F9D93EB88A433680C

Amount of Each Receipt this Period

0.68

Memo Item
Interest from bank account

C. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼ **13.21**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
09		30		2021

Transaction ID : A42586CF69A1B4131979

Amount of Each Receipt this Period

0.65

Memo Item
Interest from bank account

SUBTOTAL of Receipts This Page (optional).....▶	2.01
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 10 OF 12
<input 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 checked="" 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)
Medical Professional Liability Association Political Action Committee

A. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼ **13.90**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	29	/	2021

Transaction ID : A015E4E1F4A9744748D1

Amount of Each Receipt this Period

0.69

Memo Item
Interest on investment acct

B. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼ **14.64**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
11	/	30	/	2021

Transaction ID : A235C4B78ADC9406DBEA

Amount of Each Receipt this Period

0.74

Memo Item
Interest on investment acct

C. Capital One

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7933 Preston Rd

City Plano	State TX	Zip Code 75024-2302
---------------	-------------	------------------------

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 ▼ **15.40**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2021

Transaction ID : AEED64BF608C94D57B11

Amount of Each Receipt this Period

0.76

Memo Item
Interest on bank account

SUBTOTAL of Receipts This Page (optional).....	2.19
TOTAL This Period (last page this line number only).....	4.20

**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

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)

Medical Professional Liability Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

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

M	M	/	D	D	/	Y	Y	Y	Y
10			12			2021			

FEC Identification Number

C []
Transaction ID : B260852D19
 Amount of Each Disbursement this Period
 [] 6.75

Memo Item

Full Name (Last, First, Middle Initial)

B. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

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

M	M	/	D	D	/	Y	Y	Y	Y
11			01			2021			

FEC Identification Number

C []
Transaction ID : B5432579C8C
 Amount of Each Disbursement this Period
 [] 13.50

Memo Item

Full Name (Last, First, Middle Initial)

C. Aristotle

Mailing Address 205 Pennsylvania Ave SE

City
Washington

State
DC

Zip Code
20003-1164

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

M	M	/	D	D	/	Y	Y	Y	Y
11			04			2021			

FEC Identification Number

C []
Transaction ID : BA642C17C9
 Amount of Each Disbursement this Period
 [] 72.00

Memo Item

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

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

92.25

--

