

**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

National Pro-Life Alliance PAC

ADDRESS (number and street) ▼

5211 Port Royal Road

Suite 500

☐ Check if different than previously reported. (ACC)

Springfield

VA

22151

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C C00358051

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

in the  
State of

(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

in the  
State of

5. Covering Period

M M M / D D D / Y Y Y Y Y Y  
11 25 2014

through

M M M / D D D / Y Y Y Y Y Y  
12 31 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 Mr. Steve Antosh

Signature of Treasurer

Mr. Steve Antosh

[Electronically Filed]

Date

M M M / D D D / Y Y Y Y Y Y  
01 30 2015

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

National Pro-Life Alliance PAC

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

|                                                                                                                  | COLUMN A<br>This Period                | COLUMN B<br>Calendar Year-to-Date      |
|------------------------------------------------------------------------------------------------------------------|----------------------------------------|----------------------------------------|
| 6. (a) Cash on Hand<br>January 1, <input type="text" value="2014"/>                                              |                                        | <input type="text" value="66390.77"/>  |
| (b) Cash on Hand at<br>Beginning of Reporting Period.....                                                        | <input type="text" value="102542.29"/> |                                        |
| (c) Total Receipts (from Line 19) .....                                                                          | <input type="text" value="2531.25"/>   | <input type="text" value="232002.42"/> |
| (d) Subtotal (add Lines 6(b) and<br>6(c) for Column A and Lines<br>6(a) and 6(c) for Column B).....              | <input type="text" value="105073.54"/> | <input type="text" value="298393.19"/> |
| 7. Total Disbursements (from Line 31) .....                                                                      | <input type="text" value="9515.90"/>   | <input type="text" value="202835.55"/> |
| 8. Cash on Hand at Close of<br>Reporting Period<br>(subtract Line 7 from Line 6(d)) .....                        | <input type="text" value="95557.64"/>  | <input type="text" value="95557.64"/>  |
| 9. Debts and Obligations Owed <b>TO</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) .....  | <input type="text" value="0.00"/>      |                                        |
| 10. Debts and Obligations Owed <b>BY</b><br>the Committee (Itemize all on<br>Schedule C and/or Schedule D) ..... | <input type="text" value="0.00"/>      |                                        |

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

## For further information contact:

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

# **DETAILED SUMMARY PAGE** of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Pro-Life Alliance PAC

Report Covering the Period:

From:

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 11    |   | 25    |   | 2014      |

To:

|       |   |       |   |           |
|-------|---|-------|---|-----------|
| M M M | / | D D D | / | Y Y Y Y Y |
| 12    |   | 31    |   | 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).....

250.00

42237.00

(ii) Unitemized .....

2281.25

189765.42

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

2531.25

232002.42

(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) ..... ▶

2531.25

232002.42

## 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))..... ▶

2531.25

232002.42

## 20. Total Federal Receipts

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

2531.25

232002.42

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

| II. Disbursements                                                                              | COLUMN A<br>Total This Period | COLUMN B<br>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.....         | 10000.00                      | 191000.00                         |
| 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 .....                                  | 0.00                          | 0.00                              |
| (b) Political Party Committees .....                                                           | -500.00                       | -500.00                           |
| (c) Other Political Committees (such as PACs).....                                             | 0.00                          | 0.00                              |
| (d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....                            | -500.00                       | -500.00                           |
| 29. Other Disbursements .....                                                                  | 15.90                         | 12335.55                          |
| 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)) ..      | 9515.90                       | 202835.55                         |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... | 9515.90                       | 202835.55                         |

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

| III. Net Contributions/Operating Expenditures                                          | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|----------------------------------------------------------------------------------------|-------------------------------|-----------------------------------|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          | 2531.25                       | 232002.42                         |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              | -500.00                       | -500.00                           |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      | 3031.25                       | 232502.42                         |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ► | 0.00                          | 0.00                              |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3).....                   | 0.00                          | 0.00                              |
| 38. Net Operating Expenditures<br>(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 10

☒ 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)

**National Pro-Life Alliance PAC**

Full Name (Last, First, Middle Initial)

**A. Jane A. George**

Mailing Address 1503 W Caribbean Lane

City

Phoenix

State

AZ

Zip Code

85023-6793

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

12 / 09 / 2014

Transaction ID : SA11AI.23986

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**B. Matthew Janiak**

Mailing Address 7 Speare Road

City

Hudson

State

NH

Zip Code

03051-4415

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Drager Medical Inc, Andover MA

Occupation

SW Engineer

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

350.00

Date of Receipt

12 / 09 / 2014

Transaction ID : SA11AI.23990

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**C. Susan Kirby**

Mailing Address 8671 Haft Road

City

Erie

State

PA

Zip Code

16510-4901

FEC ID number of contributing  
federal political committee.

C

Name of Employer

None

Occupation

Homemaker

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

12 / 09 / 2014

Transaction ID : SA11AI.23987

Amount of Each Receipt this Period

0.00

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

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

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 7 OF 10

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

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NAME OF COMMITTEE (In Full)

**National Pro-Life Alliance PAC**

Full Name (Last, First, Middle Initial)

**A. R. Moravek**

Mailing Address 2251 W Briarwood Ave.

City State Zip Code  
 Littleton CO 80120-3544

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Retired

Occupation

Retired

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  
 12 09 2014

Transaction ID : SA11AI.23985

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**B. Kathryn Owings**

Mailing Address 912 S. Section Line Street

City State Zip Code  
 Plainville KS 67663-3408

FEC ID number of contributing  
federal political committee.

C

Name of Employer

USD 270

Occupation

Librarian

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 09 2014

Transaction ID : SA11AI.23988

Amount of Each Receipt this Period

0.00

Full Name (Last, First, Middle Initial)

**C. Anne Palopoli**

Mailing Address P.O. Box 159

City State Zip Code  
 Gwynedd Vly PA 19437-0159

FEC ID number of contributing  
federal political committee.

C

Name of Employer

N/A

Occupation

Housewife

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
 12 09 2014

Transaction ID : SA11AI.23989

Amount of Each Receipt this Period

0.00

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

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

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 8 OF 10

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

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NAME OF COMMITTEE (In Full)

**National Pro-Life Alliance PAC**

Full Name (Last, First, Middle Initial)

**A. Mr. Anthony Santarcangelo**

Mailing Address 20 Boston Avenue

City

New Haven

State

CT

Zip Code

06512

FEC ID number of contributing  
federal political committee.

C

Name of Employer

New Haven Police Dept.

Occupation

Police Officer

Receipt For:

☐ Primary  
☐ Other (specify) ▼

☐ General

Aggregate Year-to-Date ▼

250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
12 23 2014

Transaction ID : SA11AI.24000

Amount of Each Receipt this Period

250.00

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  
☐ Other (specify) ▼

☐ General

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  
☐ Other (specify) ▼

☐ General

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)..... ►

250.00

250.00



**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 9 OF 10

|                              |                              |                                        |                              |                             |                              |
|------------------------------|------------------------------|----------------------------------------|------------------------------|-----------------------------|------------------------------|
| <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)

**National Pro-Life Alliance PAC**

Full Name (Last, First, Middle Initial)

**A. CONSERVATIVE LEADERSHIP POLITICAL ACTION COMMITTEE**

Mailing Address 3128 N. 17TH STREET

City  
ARLINGTONState  
VAZip Code  
22201

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 29    | / | 2014        |

**Transaction ID : SB23.24002**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**B. PRO-LIFE PAC**

Mailing Address PO BOX 8052

City

FREDERICKSBURG

State  
VAZip Code  
22404

Purpose of Disbursement

011

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For: 2014

☐ Primary ☒ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
| 12    | / | 30    | / | 2014        |

**Transaction ID : SB23.24004**

Amount of Each Disbursement this Period

|         |
|---------|
| 5000.00 |
|---------|

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
Type

Office Sought:

☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State:

District:

Date of Disbursement

|       |   |       |   |             |
|-------|---|-------|---|-------------|
| M M M | / | D D D | / | Y Y Y Y Y Y |
|-------|---|-------|---|-------------|

Amount of Each Disbursement this Period

|  |
|--|
|  |
|--|

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

|          |
|----------|
| 10000.00 |
|----------|

|          |
|----------|
| 10000.00 |
|----------|

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

National Pro-Life Alliance PAC

## A. TOM ROONEY FOR CONGRESS

Date of Disbursement

MM / DD / YYYY  
12 / 17 / 2014

Transaction ID : SB28B.24009

010

Amount of Each Disbursement this Period

Category/  
Type

-500.00

Disbursement For:

☐ Primary ☐ General

☐ Other (specify) ▼

State: FL District: 17

Full Name (Last, First, Middle Initial)

**B.**

Date of Disbursement

Mailing Address

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

### Purpose of Disbursement

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For:

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

State:  District:

Full Name (Last, First, Middle Initial)

**C.**

Date of Disbursement

Mailing Address

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

| Purpose of Disbursement |     |
|-------------------------|-----|
| 1                       | 2   |
| 3                       | 4   |
| 5                       | 6   |
| 7                       | 8   |
| 9                       | 10  |
| 11                      | 12  |
| 13                      | 14  |
| 15                      | 16  |
| 17                      | 18  |
| 19                      | 20  |
| 21                      | 22  |
| 23                      | 24  |
| 25                      | 26  |
| 27                      | 28  |
| 29                      | 30  |
| 31                      | 32  |
| 33                      | 34  |
| 35                      | 36  |
| 37                      | 38  |
| 39                      | 40  |
| 41                      | 42  |
| 43                      | 44  |
| 45                      | 46  |
| 47                      | 48  |
| 49                      | 50  |
| 51                      | 52  |
| 53                      | 54  |
| 55                      | 56  |
| 57                      | 58  |
| 59                      | 60  |
| 61                      | 62  |
| 63                      | 64  |
| 65                      | 66  |
| 67                      | 68  |
| 69                      | 70  |
| 71                      | 72  |
| 73                      | 74  |
| 75                      | 76  |
| 77                      | 78  |
| 79                      | 80  |
| 81                      | 82  |
| 83                      | 84  |
| 85                      | 86  |
| 87                      | 88  |
| 89                      | 90  |
| 91                      | 92  |
| 93                      | 94  |
| 95                      | 96  |
| 97                      | 98  |
| 99                      | 100 |

Candidate Name

Category/  
Type

Amount of Each Disbursement this Period

Disbursement For:

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

State:  District:

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

-500.00

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

-500.00