Image# 13941763814 PAGE 1 / 13

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

					Office Use Only	
NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: over the I	If typing, type nes.	12FE4M5		
Consumer Healthcare P	Products Associat	tion PAC (CH	PA/PAC)			
ADDDECO (900 19th Street, NW					
ADDRESS (number and street)	Suite 700					
Check if different than previously	Washington			, DC	20006	
reported. (ACČ)	VVasimigeori					
2. FEC IDENTIFICATION NUM	//BER ▼	CITY		STATE A	ZIP COI	DE 🛦
C C00040584	3	. IS THIS REPORT	NEW (N) OR	× AN (A)	IENDED	
4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:	Feb 20 (M2)	May 20 (M5)	Aug	20 (M8)	Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	Buc on.	Mar 20 (M3)	Jun 20 (M6)	Sep	20 (M9)	Dec 20 (M12) (Non-Election Year Only)
April 15		Apr 20 (M4)	Jul 20 (M7)	Oct :	20 (M10)	Jan 31 (YE)
Quarterly Report (Q1) July 15) (c) 12-Day PRE-Election		ry (12P)	General	(12G)	Runoff (12R)
Quarterly Report (Q2) October 15	Report for the		ention (12C)	Special (12S)	
Quarterly Report (Q3))	М	M / D D /	Y Y Y Y	in the	
January 31 Year-End Report (YE)) Ele	ection on			State of	
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Electio Report for the		al (30G)	Runoff (3	90R)	Special (30S)
Termination Report (TER)		ection on		2012	in the State of	
5. Covering Period 10	/ D D / Y Y Y 18 20	12 thre	ough 11	26	2012	
certify that I have examined this	Report and to the bes	t of my knowledge	and belief it is tru	ue, correct and	d complete.	
Type or Print Name of Treasurer	Lisa Early					
Signature of Treasurer Lisa Ea	urly	[Electr	onically Filed] [Date 10	/ D D /	2013
NOTE: Submission of false, erroneo	us, or incomplete inform	ation may subject t	he person signing t	his Report to th	-	
Use Only					FEC FOR Rev. 12/20	

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 18 2012 To: 11 26 2012

		COLUMN A This Period	COLUMN B Calendar Year-to-Date
6.	(a) Cash on Hand January 1, 2012		16881.33
	(b) Cash on Hand at Beginning of Reporting Period	2002.71	
	(c) Total Receipts (from Line 19)	1298.82	27862.72
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	3301.53	44744.05
7.	Total Disbursements (from Line 31)	1056.20	42498.72
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	2245.33	2245.33
9.	Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10.	Debts and Obligations Owed BY 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:

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)

Write or Type Committee Name

Consumer Healthcare Products Association PAC (CHPA/PAC)

ort Covering the Period: From: 10	18 2012 To:	11 26 2012		
I. Receipts	COLUMN B Calendar Year-to-Date			
•				
	1248 82	16461.31		
(i) Itemized (use Schedule A)	12-40.02	7		
(ii) Unitemized	50.00	2901.41		
Lines 11(a)(i) and (ii)	1298.82	19362.72		
,	0.00	0.00		
(such as PACs)	0.00	8500.00		
,				
Totals to Line 33, page 5)▶	1298.82	27862.72		
	0.00	0.00		
I Loans Received	0.00	0.00		
pan Repayments Received	0.00	0.00		
ffsets To Operating Expenditures				
· · · · · · · · · · · · · · · · · · ·				
Carry Totals to Line 37, page 5)	0.00	0.00		
efunds of Contributions Made	,	,		
	0.00	0.00		
· · · · · · · · · · · · · · · · · · ·				
	0.00	0.00		
•	0.00			
(from Schedule H3)	0.00	0.00		
) Levin Funds (from Schedule H5)	0.00	0.00		
	ontributions (other than loans) From:) Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)	Individuals/Persons Other Than Political Committees (i) Itemized (use Schedule A)		

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

	II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
1. O	perating Expenditures: a) Allocated Federal/Non-Federal Activity (from Schedule H4)		Calcidat Four to Date
	(i) Federal Share	0.00	0.00
	,,		
/-	(ii) Non-Federal Share	0.00	0.00
(b	o) Other Federal Operating Expenditures	56.20	480.59
(c			
	(add 21(a)(i), (a)(ii), and (b)) ▶	56.20	480.59
	ransfers to Affiliated/Other Party		0.00
	ommitteesontributions to	0.00	0.00
F	ederal Candidates/Committees nd Other Political Committees	1000.00	42018.13
	dependent Expenditures	0.00	0.00
С	ise Schedule E)oordinated Party Expenditures		3.00
(2 (L	2 U.S.C. §441a(d)) use Schedule F)	0.00	0.00
L	oan Repayments Made	0.00	0.00
	pans Made	0.00	0.00
(a		0.00	0.00
	Than Political Committees	0.00	0.00
(b	o) Political Party Committees	0.00	0.00
(c			
	(such as PACs)	0.00	0.00
(c	l) Total Contribution Refunds		
	(add Lines 28(a), (b), and (c))▶	0.00	0.00
0	ther Disbursements	0.00	0.00
		7	
	ederal Election Activity (2 U.S.C. §431(20))		
(a	a) Allocated Federal Election Activity		
	(from Schedule H6) (i) Federal Share	0.00	0.00
	()		
	(ii) "Levin" Share	0.00	0.00
(b	,	0.00	0.00
(c	With Federal Funds Total Federal Election Activity (add	0.00	0.00
(0	Lines 30(a)(i), 30(a)(ii) and 30(b)) ▶	0.00	0.00
	'	, ,	· · · · · ·
	otal Disbursements (add Lines 21(c), 22,	1050.00	
2	3, 24, 25, 26, 27, 28(d), 29 and 30(c))	1056.20	42498.72
	otal Federal Disbursements		
	subtract Line 21(a)(ii) and Line 30(a)(ii)	1050.00	42498.72
ſľ	om Line 31)	1056.20	42430.72

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1298.82	27862.72
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1298.82	27862.72
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	56.20	480.59
. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
3. Net Operating Expenditures (subtract Line 37 from Line 36)	56.20	480.59

Use separate schedule(s) for each category of the Detailed Summary Page

FO	R LINE	NUN	MBER	:	PAGE	6	OF	13
(ch	eck only	one						
×	11a		11b		11c	12		
	13		14		15	16		17

Full Name (Last, First, Middle Initial) A. Elizabeth Funderburk Mailing Address 626 F St, NE City Washington FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE City Washington FEC ID number of contributing federal political committee	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer CHPA Receipt For: Primary Other (specify) ▼ Full Name (Last, First, Middle Initial) Elizabeth Funderburk Mailing Address 626 F St, NE City Washington State State State Zip Code Washington DC 20002	10 31 2012 Transaction ID : SA11Al.6646
B. Elizabeth Funderburk Mailing Address 626 F St, NE City State Zip Code Washington DC 20002 FEC ID number of contributing	Amount of Each Receipt this Period 20.84
Name of Employer CHPA Receipt For: Primary Other (specify) ▼ Occupation Director, Communications & Media Aggregate Year-to-Date ▼ 416.80	Date of Receipt 11 15 2012 Transaction ID: SA11AI.6647 Amount of Each Receipt this Period 20.84
Full Name (Last, First, Middle Initial) John Gay Mailing Address 3180 N. Quincy St. City Arlington FEC ID number of contributing federal political committee. Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) Aggregate Year-to-Date 1562.55	Date of Receipt 10 31 2012 Transaction ID: SA11Al.6642 Amount of Each Receipt this Period 104.17
SUBTOTAL of Receipts This Page (optional)	

FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) X 11a 11b 12 11c

13

for each category of the Detailed Summary Page 14 13 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name (Last, First, Middle Initial) John Gay Date of Receipt Mailing Address 3180 N. Quincy St. 2012 11 City State Zip Code Transaction ID: SA11AI.6643 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Name of Employer Occupation Vice President, Government Affairs Consumer Healthcare Products Receipt For: Aggregate Year-to-Date ▼ Primary General 1666.72 Other (specify) Full Name (Last, First, Middle Initial) B. Travis Gibbons Date of Receipt Mailing Address 728 18th Street S. 10 31 2012 City State Zip Code Transaction ID: SA11AI.6640 VA Arlington 22202 Amount of Each Receipt this Period FEC ID number of contributing 20.84 federal political committee. Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 416.80 Other (specify) Full Name (Last, First, Middle Initial) c. Travis Gibbons Date of Receipt Mailing Address 728 18th Street S. 11 15 2012 City Zip Code State Transaction ID: SA11AI.6641 Arlington VA 22202 Amount of Each Receipt this Period FEC ID number of contributing 20.84 С federal political committee. Name of Employer Occupation Consumer Healthcare Products Assoc. Director, Federal Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 437.64 Other (specify) 145.85 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

- 9

Use separate schedule(s) for each category of the Detailed Summary Page

_	R LINE		PAGE	8	OF	13	
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>	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 are for commercial purposes of their than using the purpose of any political committee to solicit contributions from such committee.

or for commercial purposes, other than using t	he name and address of any political committee to	solicit contributions from such committee.				
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ts Association PAC (CHPA/PAC)					
Full Name (Last, First, Middle Initial) Carlos Gutierrez Mailing Address 926 North Barton Street	Carlos Gutierrez					
City Arlington	State Zip Code VA 22201	10 31 2012 Transaction ID : SA11Al.6650 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	С	15.21				
Name of Employer Consumer Healthcare Products	Occupation Director, State Affairs					
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 304.20					
Full Name (Last, First, Middle Initial) B. Carlos Gutierrez Mailing Address 926 North Barton Street		Date of Receipt				
City Arlington	State Zip Code VA 22201	Transaction ID : SA11Al.6651 Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C	15.21				
Name of Employer Consumer Healthcare Products Receipt For: Primary General Other (specify) ▼	Occupation Director, State Affairs Aggregate Year-to-Date ▼ 319.41					
Full Name (Last, First, Middle Initial) C. Mary Kassouf		Date of Receipt				
Mailing Address 501 Slaters Lane Apt. 404 City	State Zip Code	11 15 2012 Transaction ID : SA11Al.6649				
Alexandria FEC ID number of contributing federal political committee.	VA 22314	Amount of Each Receipt this Period				
Name of Employer CHPA Receipt For: Primary General	Occupation Director, Meetings Aggregate Year-to-Date ▼					
Other (specify) ▼	210.00					
SUBTOTAL of Receipts This Page (optional).	>	40.42				
TOTAL This Period (last page this line number	er only)					

Use separate schedule(s) for each category of the Detailed Summary Page

_	INE N		PAGE	9	OF	13	
(check	only o	ne)					
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or for commercial purposes, other than using the	he name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
/ Consumer Healthcare Product	ts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.6644
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	С	20.84
Name of Employer	Occupation	†
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	1
Primary General	Auguogato Idai-to-Date ▼	
Other (specify) ▼	416.80	
Full Name (Last, First, Middle Initial) Dr. Barbara A. Kochanowski		Date of Receipt
Mailing Address 951 Hidden Park Place		11 15 2012
City	State Zip Code	Transaction ID : SA11AI.6645
Herndon	VA 20170	Amount of Each Receipt this Period
FEC ID number of contributing		
federal political committee.	C	20.84
Name of Employer	Occupation]
CHPA	Vice President, Regulatory Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	437.64	
Full Name (Last, First, Middle Initial)	1	Date of Receipt
Mailing Address 1596 Lupine Den Court		10 31 2012
City	State Zip Code	10 31 2012 Transaction ID : SA11AI.6636
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	1
Consumer Healthcare Products	President and CEO	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	4166.61	
SURTOTAL of Donainto This Done (antique)	1	250.01
SUBTUTAL OF RECEIPTS TRIS Page (optional)	>	255.51
TOTAL This Period (last page this line number	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBE (check only one)

FOR	LINE	NU	MBER	:	PAGE	. 1	10	OF	13
(chec	k only	or	ne)						
X	11a		11b		11c		12		
	13		14		15		16		17

	d Statements may not be sold or used by any pers the name and address of any political committee t	
NAME OF COMMITTEE (In Full) Consumer Healthcare Produc	ets Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Scott M. Melville Mailing Address 1596 Lupine Den Court		Date of Receipt
		11 15 2012
City	State Zip Code	Transaction ID : SA11AI.6637
Vienna	VA 22182	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	208.33
Name of Employer	Occupation	
Consumer Healthcare Products	President and CEO	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 4374.94	
Full Name (Last, First, Middle Initial) Lindsay Morris Mailing Address 7605 Trail Run Rd.		Date of Receipt
City	State Zip Code	10 31 2012
Falls Church	VA 22042	Transaction ID : SA11AI.6656 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer Consumer Healthcare Products	Occupation Government Affairs	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 437.57	
Full Name (Last, First, Middle Initial) C. Lindsay Morris		Date of Receipt
Mailing Address 7605 Trail Run Rd.		11 15 2012
City Falls Church	State Zip Code VA 22042	Transaction ID : SA11AI.6657 Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	62.51
Name of Employer	Occupation	1
Consumer Healthcare Products	Government Affairs	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	500.08	
SUBTOTAL of Receipts This Page (optional)		333.35
TOTAL This Period (last page this line numb	er only)	

Use separate schedule(s) for each category of the Detailed Summary Page

F	ЭR	LINE	NU	MBER	:	PAGE	. 1	11	OF	13
(c	he	ck only	or	ne)						
	X	11a		11b		11c		12		
		13		14		15		16	;	17

	nd Statements may not be sold or used by any pers g the name and address of any political committee to	
NAME OF COMMITTEE (In Full)		
,	cts Association PAC (CHPA/PAC)	
Full Name (Last, First, Middle Initial) Ted Peterson		Date of Receipt
Mailing Address 8417 Weller Avenue		10 31 2012
City	State Zip Code	Transaction ID : SA11AI.6638
McLean	VA 22102	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
СНРА	VP	
Receipt For:	Aggregate Year-to-Date ▼	
Primary General Other (specify) ▼	833.40	
Full Name (Last, First, Middle Initial) Ted Peterson	·	Date of Receipt
Mailing Address 8417 Weller Avenue		M = M / D = D / Y = Y = Y
City	State Zip Code	11 15 2012
McLean	VA 22102	Transaction ID : SA11AI.6639 Amount of Each Receipt this Period
		Amount of Lacif neceipt this Peliod
FEC ID number of contributing federal political committee.	C	41.67
Name of Employer	Occupation	1
CHPA	VP	
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼ 875.07	
Full Name (Last, First, Middle Initial) David Spangler		Date of Receipt
Mailing Address 1449 N Street, NW		M = M / D = D / Y = Y = Y
Apartment 3		10 31 2012
City	State Zip Code	Transaction ID: SA11AI.6635
Washington	DC 20005	Amount of Each Receipt this Period
FEC ID number of contributing federal political committee.	C	250.00
Name of Employer	Occupation	1
CHPA	Senior VP., Policy & Int'l Affairs	
Receipt For:	Aggregate Year-to-Date ▼]
Primary General		
Other (specify) ▼	250.00	
SUBTOTAL of Receipts This Page (optional	1)	333.34
TOTAL This Period (last page this line num	ber only)	1248.82
, 10		

S 17

SCHEDULE B (FEC Form 3X)		TOD LINE	NUMBER: PAGE 12 OF	13
ITEMIZED DISBURSEMENTS	Use separate schedule(s)	FOR LINE (check only	INOMBEIT.	-10
II LIVIIZED DISDUNSEIVIENIS	for each category of the	X 21b	22 23 24 25	26
	Detailed Summary Page	27	28a 28b 28c 29	30b
Any information copied from such Reports and Statem	ents may not be sold or use	d by any nerso	on for the purpose of soliciting contributions	 S
or for commercial purposes, other than using the nam				
NAME OF COMMITTEE (In Full)				
Consumer Healthcare Products Ass	sociation PAC (CHF	PA/PAC)		
Full Name (Last, First, Middle Initial)			Data of Bishamanana	
A. Wells Fargo Bank			Date of Disbursement	
Mailing Address 1800 K Street NW			11 13 2012	
Maining / Marioso 1000 ft Street 1444			11 10 2012	
City	tate Zip Code		Tanasatian ID ODOAD 0050	
r as migran	DC 20006		Transaction ID : SB21B.6658	
Purpose of Disbursement				
Condidate Name		001	Amount of Each Disbursement this Period)d
Candidate Name		Category/	56.20	
Office Sought: House Disbursem	ent For:	Туре	7	
	Primary General			
	Other (specify)			
State: District:	• • • • •			
Full Name (Last, First, Middle Initial)				
B.			Date of Disbursement	
			M M / D D / Y Y Y Y	
Mailing Address				
City	tate Zip Code			
Oily	tate Zip oode			
Purpose of Disbursement				
			Amount of Each Disbursement this Period	bd
Candidate Name		Category/		П
		Туре		_
Office Sought: House Disbursem				
	Primary ☐ General Other (specify) ▼			
State: District:	Strict (Specify)			
Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	
			M M / D D / Y Y Y	
Mailing Address				
0.11				
City	tate Zip Code			
Purpose of Disbursement				
		' '	Amount of Each Disbursement this Perio	od
Candidate Name		Category/		
		Type		
Office Sought: House Disbursem				
	Primary General			
State: District:	Other (specify) ▼			
State. District.				
SURTOTAL of Dishursomente This Dage (entione)			56.20	\neg
SUBTOTAL of Disbursements This Page (optional)		·····•	7 7	=
TOTAL This Period (last page this line number only).			56.20	

SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 13 C)F 13
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27		26
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam	nents may not be sold or use e and address of any politica	d by any perso	on for the purpose of soliciting contribute solicit contributions from such committee	tions ee.
NAME OF COMMITTEE (In Full)				
Consumer Healthcare Products Ass	sociation PAC (CHF	PA/PAC)		
Full Name (Last, First, Middle Initial)			D	
A. BOB CASEY FOR SENATE INC	Date of Disbursement	Y		
Mailing Address 700 13TH STREET NW SUITE 600			11 01 2012	
,	State Zip Code		Transaction ID : SB23.6659	
WASHINGTON Purpose of Disbursement	DC 20005			
			Amount of Each Disbursement this F	Period
Candidate Name ROBERT P JR CASEY		Category/ Type	1000.	.00
Office Sought: House Disbursem	nent For: 2012 Primary General Other (specify)	.,,,,,		
State: PA District: 00				
Full Name (Last, First, Middle Initial) B.			Date of Disbursement	
			M = M / D = D / Y = Y = Y	Υ
Mailing Address				
City	itate Zip Code			
Purpose of Disbursement			Amount of Each Disbursement this F	Period
Candidate Name		Category/ Type		
President	nent For: Primary General Other (specify)			
State: District: Full Name (Last, First, Middle Initial)				
C.			Date of Disbursement	V
Mailing Address				
City	State Zip Code			
Purpose of Disbursement				
Candidate Name		Category/ Type	Amount of Each Disbursement this F	Period
President	nent For: Primary General Other (specify)	- 372		
State: District:				_
SUBTOTAL of Disbursements This Page (optional)		·····•	1000.	.00
TOTAL This Period (last page this line number only).			1000.	.00