PAGE 1 / 12

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X	For	Other Than An	Authorized Co	mmittee		Office Use Only
NAME OF COMMITTEE (in		E OR PRINT ▼	Example over the	: If typing, type lines.	12FE4M	5
HEALTHCARE	FREEDO	M FUND				
ADDRESS (number an		O BOX 2485				
Check if diff than previou reported. (A	sly s	SPRINGFIELD			VA	22152
2. <b>FEC IDENTIFIC</b>	ATION NUMB	ER ▼	CITY A		STATE ▲	ZIP CODE ▲
C C0052841	4		3. IS THIS REPORT	× NEW (N) OR	AN (A)	IENDED
4. TYPE OF REI (Choose One)  (a) Quarterly Re	`	(b) Monthly Report Due On:	Feb 20 (M2)  Mar 20 (M3)  Apr 20 (M4)	May 20 (M5)  Jun 20 (M6)  Jul 20 (M7)	Sep	20 (M8) Nov 20 (M11) (Non-Election Year Only) 20 (M9) Dec 20 (M12) (Non-Election Year Only) 20 (M10) Jan 31 (YE)
July 15 Quarterl October Quarterl January	y Report (Q3)	(c) 12-Day PRE-Election Report for th	e: Con	ary (12P) vention (12C)	General (	
Report ( Year Or	Mid-Year Non-election ly) (MY) tion Report	(d) 30-Day  POST-Election  Report for the		eral (30G)	Runoff (3	Special (30S) in the State of
5. Covering Period	01		24 th	rough 01	31	2024
I certify that I have e	(	eport and to the beach	st of my knowledo	ge and belief it is t	rue, correct and	d complete.
Signature of Treasure	r <i>Carlin, Ro</i>	obert, F., ,			Date 02	/ D D / Y Y Y Y Y Y 2024
	false, erroneous	, or incomplete inforn	nation may subject	the person signing	this Report to the	ne penalties of 52 U.S.C. § 30109
Office Use Only						FEC FORM 3X Rev. 05/2016

## SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016) Page 2

Write or Type Committee Name

### HEALTHCARE FREEDOM FUND

01 2024 01 31 2024 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 99874.33 January 1. 2024 (b) Cash on Hand at 99874.33 Beginning of Reporting Period..... 21432.60 21432.60 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 121306.93 121306.93 6(a) and 6(c) for Column B)..... 24524.44 24524.44 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 96782.49 96782.49 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) .....

×

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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

### HEALTHCARE FREEDOM FUND

	t Covering the Period: From: 01	01 2024 To:	01 31 2024		
I. Receipts		COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Со	ntributions (other than loans) From:				
(a)	Individuals/Persons Other				
	Than Political Committees	0.00			
	(i) Itemized (use Schedule A)	0.00	0.00		
	(ii) Unitemized	0.00	0.00		
	(iii) TOTAL (add		7 7 7		
	Lines 11(a)(i) and (ii)▶	0.00	0.00		
(b)	Political Porty Committees	0.00	0.00		
(b)	Political Party Committees  Other Political Committees	7 7			
(0)	(such as PACs)	20000.00	20000.00		
(d)	Total Contributions (add Lines	45	4 1 4		
(ω)	11(a)(iii), (b), and (c)) (Carry				
	Totals to Line 33, page 5)	20000.00	20000.00		
Tra	nsfers From Affiliated/Other	4 4			
	ty Committees	0.00	0.00		
All	Loans Received	0.00	0.00		
	an Repayments Received	0.00	0.00		
	sets To Operating Expenditures				
	funds, Rebates, etc.)	4400.00	4400.00		
	arry Totals to Line 37, page 5)	1432.60	1432.60		
	funds of Contributions Made				
	Federal Candidates and Other	0.00	0.00		
	itical Committees	0.00	0.00		
	er Federal Receipts	0.00	0.00		
•	vidends, Interest, etc.)nsfers from Non-Federal and Levin Funds	0.00	0.00		
	Non-Federal Account				
(a)	(from Schedule H3)	0.00	0.00		
	(Irom conodio rio)	4 4	4 4		
(h)	Levin Funds (from Schedule H5)	0.00	0.00		
(0)	Levin Funds (nom Schedule Fis)	4 4	4 4		
(c)	Total Transfers (add 18(a) and 18(b))	0.00	0.00		

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal Activity (from School Le H4)	eral	Carolinai Ioai to Bato		
Activity (from Schedule H4)  (i) Federal Share	0.00	0.00		
(,)				
(ii) Non-Federal Share		0.00		
(b) Other Federal Operating Expenditures	4524.44	4524.44		
(c) Total Operating Expenditure	es	4524.44		
(add 21(a)(i), (a)(ii), and (b)	79. 79. 79.	4524.44		
Transfers to Affiliated/Other Part Committees	·	0.00		
<ul> <li>Contributions to Federal Candidates/Committees and Other Political Committees.</li> </ul>	20000.00	20000.00		
Independent Expenditures				
(use Schedule E) Coordinated Party Expenditures (52 U.S.C. § 30116(d))	0.00	0.00		
(use Schedule F)	0.00	0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees		0.00		
(b) Political Party Committees.		0.00		
(c) Other Political Committees	4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	4 4		
(such as PACs)	0.00	0.00		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (	(c))	0.00		
Other Disbursements (Including				
Non-Federal Donations)		0.00		
Federal Election Activity (52 U.S	S.C. § 30101(20))			
(a) Allocated Federal Election				
(from Schedule H6)				
(i) Federal Share	0.00	0.00		
(ii) "Levin" Share	0.00	0.00		
(b) Federal Election Activity Pa		4 4 4		
Entirely With Federal Funds (c) Total Federal Election Activ	****	0.00		
Lines 30(a)(i), 30(a)(ii) and		0.00		
Total Disbursements (add Lines	21(c), 22,			
23, 24, 25, 26, 27, 28(d), 29 an		24524.44		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line				
from Line 31)	≥ 24524.44	24524.44		

### **DETAILED SUMMARY PAGE**

of Disbursements

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)	20000.00	20000.00	
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00	
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20000.00	20000.00	
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	4524.44	4524.44	
7. Offsets to Operating Expenditures (from Line 15, page 3)	1432.60	1432.60	
8. Net Operating Expenditures (subtract Line 37 from Line 36)	3091.84	3091.84	

SCHEDULE A (FEC Form 3X)		Llos conorate calculatata	FOR LINE NUMBER: PAGE 6 OF 12			
TEMIZED RECEIPTS		Use separate schedule(s) for each category of the	(check only one)			
		Detailed Summary Page	11a 11b X 11c 12 13 14 15 16 17			
Any information copied from such Reports and St or for commercial purposes, other than using the			rson for the purpose of soliciting contributions			
NAME OF COMMITTEE (In Full)						
angle HEALTHCARE FREEDOM FUN	1D					
Full Name of Individual (Last, First, Middle Initi  A. AMERICAN ACADEMY OF FAMILY PHYS  Mailing Address 1133 CONNECTICUT AVE NV	SIĆIANS PO	0	┥			
SUITE 1100	01 31 2024					
City	State	Zip Code	Transaction ID : SA11C.6869			
WASHINGTON	DC	20036	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C cod	0411553	5000.00			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
Receipt For: Primary General	Aggregate	Year-to-Date ▼				
Other (specify) ▼		5000.00				
Full Name of Individual (Last, First, Middle Initial AMERICAN ACADEMY OF OTOLARYNGOLO			Date of Receipt			
Mailing Address 1650 DIAGONAL ROAD			01 22 2024			
City	State	Zip Code	Transaction ID : SA11C.6868			
ALEXANDRIA	VA	22314	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C coo	0306449	5000.00			
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item			
Receipt For:	Aggregate	Year-to-Date ▼				
Primary General Other (specify) ▼		5000.00				
Full Name of Individual (Last, First, Middle Init	ial) or Full O	rganization Name ATHIC POLITICAL ACTION COMMITTE	Date of Receipt			
Mailing Address 1090 VERMONT AVE., NW SUITE 500			01 10 / Y Y Y Y Y Y Y			
City WASHINGTON	State DC	Zip Code 20005	Transaction ID : SA11C.6867  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C co	0113803	5000.00			
Name of Employer (for Individual)	Occi	upation (for Individual)	Memo Item			
Receipt For: Primary General Other (specify)	Aggregate	Year-to-Date ▼ 5000.00				
SUBTOTAL of Receipts This Page (optional)		<b>&gt;</b>	15000.00			

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

### SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

12 FOR LINE NUMBER: **PAGE** 7 OF Use separate schedule(s) (check only one) for each category of the X 11c 11b 11a 12 Detailed Summary Page 13 14 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) HEALTHCARE FREEDOM FUND Full Name of Individual (Last, First, Middle Initial) or Full Organization Name POLITICAL ACTION COMMITTEE OF THE AMERICAN ASSOCIATION OF ORTHOPAEDIC SURGEONS--PAC OF AAO Date of Receipt Mailing Address 317 MASSACHUSETTS AVE., N.E. 2024 31 1ST FLOOR City Zip Code State Transaction ID: SA11C.6870 DC 20002 WASHINGTON Amount of Each Receipt this Period FEC ID number of contributing 5000.00 C00343137 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General 5000.00 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 5000.00 SUBTOTAL of Receipts This Page (optional).....

20000.00

SCHEDULE A (FEC Form 3X)	١	Г	FOR LINE NUMBER: PAGE 8 OF 12				
·	,	Use separate schedule(s)	FOR LINE NUMBER: PAGE 8 OF 12 (check only one)				
TEMIZED RECEIPTS		for each category of the	11a 11b 11c 12				
		Detailed Summary Page	13 14 X 15 16 17				
Any information copied from such Reports and or for commercial purposes, other than using	d Statements matching the name and a	ay not be sold or used by any paddress of any political committe	person for the purpose of soliciting contributions				
NAME OF COMMITTEE (In Full)							
angle HEALTHCARE FREEDOM F	UND						
Full Name of Individual (Last, First, Middle Machado & Company	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address 6111 Newman Road			01 26 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
City	State	Zip Code	Transaction ID : SA15.6871				
Fairfax	VA	22030-5918	Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C		1432.60				
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼	Refund of Second Reimb. for Capitol Hill Club (12/15/2023)				
Primary General Other (specify) ▼	1	1432.60	1				
Other (specify) •		1102.00	J				
Full Name of Individual (Last, First, Middle 3.	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address			M = M / D = D / Y = Y = Y				
City	State	Zip Code					
			Amount of Each Receipt this Period				
FEC ID number of contributing federal political committee.	C						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For:	Aggragata	Year-to-Date ▼					
Primary General	Aggregate	Teal-10-Date ▼	7				
Other (specify) ▼	L	<b>4 4 4</b>					
Full Name of Individual (Last, First, Middle	Initial) or Full C	Organization Name	Date of Receipt				
Mailing Address			M = M / D = D / Y = Y = Y				
City	State	Zip Code	Amount of Fook Possint this Povind				
FEC ID number of contributing			Amount of Each Receipt this Period				
federal political committee.	C						
Name of Employer (for Individual)	Occ	upation (for Individual)	Memo Item				
Receipt For:	Aggregate	Year-to-Date ▼					
Primary General Other (specify)		7 1 7 1 7 1					
SUBTOTAL of Receipts This Page (optional).	ı		1432.60				
TODITIAL OF NECESPES THIS Page (OPHOHAI).			1400.00				
TOTAL This Period (last page this line numb	er only)	)	1432.60				

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS		Use separate schedule(s)				
TILMIZED DIODONOLMENTO	for each cat Detailed Sur		X 21b 28a	22 23 28b 28c	26 27 29 30b	
Any information copied from such Reports and or for commercial purposes, other than using the						
NAME OF COMMITTEE (In Full)		, poou				
HEALTHCARE FREEDOM FU	IND					
Full Name (Last, First, Middle Initial)				Date of Disbursem	nont	
A. Concentric Office, LLC	Concentric Office, LLC					
Mailing Address PO Box 2485				01 22	2024	
City		ip Code		FEC Identification	Number	
Springfield Purpose of Disbursement	VA	22152				
		l l		C		
Compliance Services Candidate Name					D : SB21B.6873	
Candidate Maine			Category/ Type	Amount of Each D	isbursement this Period	
Office Sought: House Dis	bursement For:		Type		1124.60	
Senate	Primary	General		7	7	
President State: District:	Other (specify)			Memo Item		
Full Name (Last, First, Middle Initial)						
B. Strategic Partners & Media, LL	_C			Date of Disbursement  O1 26 2024	_	
Mailing Address 1851A McGuckian Street						
City	State Z	ip Code		FFO Identification	Number	
Annapolis		21401		FEC Identification	INUMBER	
Purpose of Disbursement	'			C		
Web Service					D : SB21B.6874	
Candidate Name			Category/ Type	Amount of Each D	isbursement this Period	
Office Sought: House Dis	bursement For:				500.00	
Senate	Primary	General			,	
State: President District:	Other (specify)	)		Memo Item		
Full Name (Last, First, Middle Initial)				Data of Did		
<sup>C.</sup> Truist CC				Date of Disbursem		
Mailing Address PO Box 580340				01 02	2024	
City	State Z	ip Code		FFO Identification	Number	
Charlotte	1	28258-0340		FEC Identification	number	
Purpose of Disbursement		-		C	]	
Credit Card Payment					D : SB21B.6872	
Candidate Name			Category/ Type	Amount of Each D	isbursement this Period	
Office Sought: House Dis	bursement For:				2899.84	
Senate	Primary	General		,		
President	Other (specify)	) ▼		Memo Item		
State: District:				П		
SUBTOTAL of Disbursements This Page (option			<u> </u>	7	4524.44	
TOTAL This Period (last page this line number	r only)			1		

### S П

SCHEDULE B (FEC Form 3X)	Use separate schedule(s) for each category of the		FOR LINE	PAGE 10 OF 12		
ITEMIZED DISBURSEMENTS			(check onl		26 27	
		ummary Page	X 21b 28a	22 28b	23 28c	26 27 29 30b
Any information copied from such Reports and Stater	nents may n	ot be sold or use				
or for commercial purposes, other than using the nan						
NAME OF COMMITTEE (In Full)						
/ HEALTHCARE FREEDOM FUND						
Full Name (Last, First, Middle Initial)	<u> </u>			Data	f Diebures	ment
A. Hermitage Hotel				Date of	f Disburse	
Mailing Address 231 6th Ave N				12	0	
,	State TN	Zip Code 37219		FEC Id	entificatio	n Number
Nashville Purpose of Disbursement	IIN	37219				
Food/Beverage						17. 27.17. 27.1
Candidate Name			Category/	1		ID: SB21B.6872.0 Disbursement this Period
			Type			
Office Sought: House Disburser		Conoral		2899.84	2899.84	
Senate President	Primary Other (speci	General fy) ▼				
State: District:	(0)	·5/, •		× Me	mo Item	
Full Name (Last, First, Middle Initial)						
В.				Date of	f Disburse	ment
Mailing Addrass				M = M	/ D	D / Y Y Y Y Y
Mailing Address					4	
City	State	Zip Code		FEC Id	entificatio	n Number
Purpose of Disbursement				С		
·						
Candidate Name			Category/	Amoun	t of Each	Disbursement this Period
Office Sought: House Disburser	ment For		Туре	-		
Senate Disburser	nent For: Primary	General			-	4-1
President					mo Ita	
State: District:				I I IVIE	mo Item	
Full Name (Last, First, Middle Initial)				Dete	. Dial	
C.					f Disburse	
Mailing Address				_ M M	/ D	/
City	State	Zip Code				
				FEC Id	entificatio	n Number
Purpose of Disbursement				C		
Candidate Name						D. I
Sandidate Name			Category/ Type	Amoun	t of Each	Disbursement this Period
Office Sought: House Disburser	ment For:		71: "	1   [		
Senate	Primary	General			7	,
State: President	Other (speci	fy) ▼		Me	mo Item	
State: District:						
SUBTOTAL of Disbursements This Page (optional)						0.00
(300.000.000)				-		4504.44
TOTAL This Period (last page this line number only)						4524.44

SCHEDULE B (FEC Form 3X)	Llas caparata ashadula(s)		LINE NUMBER: PAGE 11 OF 12			
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the	(Clieck Olliy	,			
	Detailed Summary Page	21b 28a	22 X 23 26 27 28b 28c 29 30b			
Any information copied from such Reports and Statem	anto mov not be cold or us					
or for commercial purposes, other than using the nam						
NAME OF COMMITTEE (In Full)	··					
HEALTHCARE FREEDOM FUND						
/ HEALTHCARE PREEDOM FUND						
Full Name (Last, First, Middle Initial)						
A. MCCONKEY FOR CONGRESS			Date of Disbursement			
Madification Additional DO DOV 147			01 23 2024			
Mailing Address PO BOX 147			01 23 2024			
City	State Zip Code		FFO Islandification Number			
	NC 27562		FEC Identification Number			
Purpose of Disbursement			C C00833889			
Committee Contribution		011	Transaction ID : SB23.6877			
Candidate Name		Category/	Amount of Each Disbursement this Period			
MCCONKEY, JOSH, , ,		Туре	5000.00			
	nent For: 2024		3000.00			
	Primary General Other (specify) ▼					
State: NC District: 13	Other (specify)		Memo Item			
Full Name (Last, First, Middle Initial)						
B			Date of Disbursement			
MCCONKEY FOR CONGRESS			M M / D D / Y Y Y Y			
Mailing Address PO BOX 147			01 23 2024			
,	State Zip Code		FEC Identification Number			
NEW HILL Purpose of Disbursement	NC 27562		0 2000000			
Committee Contribution		011	C C00833889			
Candidate Name			Transaction ID : SB23.6880			
MCCONKEY, JOSH, , ,		Category/ Type	Amount of Each Disbursement this Period			
	nent For: 2024	.,,,,	5000.00			
Senate	Primary General		4 4			
President	Other (specify)		Memo Item			
State: NC District: 13	Runoff		Welle Item			
Full Name (Last, First, Middle Initial)						
<sup>C.</sup> REDDY FOR KANSAS			Date of Disbursement			
M. W. All Do Doy (Too)			M M / D D / Y Y Y Y			
Mailing Address PO BOX 15804			01 23 2024			
City	State Zip Code		550 H N			
LENEXA	KS 66285		FEC Identification Number			
Purpose of Disbursement	,		C C00845347			
Committee Contribution		011	Transaction ID : SB23.6881			
Candidate Name		Category/	Amount of Each Disbursement this Period			
REDDY, PRASANTH DR., , ,  Office Sought:	nent For: 2024	Туре	5000.00			
	Primary General		55555			
	Other (specify) ▼					
State: KS District: 03	(- <del> (</del>		Memo Item			
SUBTOTAL of Disbursements This Page (optional)			15000.00			
TOTAL This Period (last page this line number only).						

I llee concrete cohecule(a) I			FOR LINE (check only	21b 22 X 23 26 27		
			28a	28b 28c 29 30b		
Any information copied from such Reports and States or for commercial purposes, other than using the nar						
NAME OF COMMITTEE (In Full)		7 1				
HEALTHCARE FREEDOM FUND						
Full Name (Last, First, Middle Initial)				Date of Dishursement		
A. REDDY FOR KANSAS				Date of Disbursement		
Mailing Address PO BOX 15804	Mailing Address PO BOX 15804					
,	State	Zip Code		FEC Identification Number		
LENEXA Purpose of Disbursement	KS	66285		0 000045015		
Committee Contribution			011	C C00845347		
Candidate Name				Transaction ID : SB23.6884		
			Category/	Amount of Each Disbursement this Period		
REDDY, PRASANTH DR., , ,  Office Sought:  House Disburse	mont Fam 1	2024	Туре	5000.00		
	ment For: 2	-		3000.00		
Senate	Primary Other (spec	General				
State: KS District: 03	Other (spe	Giry) ▼		Memo Item		
Full Name (Last, First, Middle Initial)						
Full Name (Last, First, Middle Initial)  3.				Date of Disbursement		
<i>,</i> .						
Mailing Address				M M / D D / Y Y Y		
Intaining Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement				C		
Candidate Name			0.11.11	Amount of Each Dichard and this D		
			Category/ Type	Amount of Each Disbursement this Period		
Office Sought: House Disburse	ment For:	<u> </u>	.,,,,			
Senate	Primary	General		T T T T		
President Other (specify)						
State: District:	(- 50	• /		Memo Item		
Full Name (Last, First, Middle Initial)						
<b>.</b>				Date of Disbursement		
				M M / D D / Y Y Y Y		
Mailing Address						
City	State	Zip Code		FEC Identification Number		
Purpose of Disbursement				C		
Candidate Name	Category/ Type	Amount of Each Disbursement this Period				
Office Sought: House Disburse	ment For:		-			
Senate	Primary	General		7 7 7		
President	Other (spe	cify) ▼		Memo Item		
State: District:				Memo item		
SUBTOTAL of Disbursements This Page (optional)			······	5000.00		
TOTAL This Period (last page this line number only	)			20000.00		