

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

Professional Compounding Centers of America PAC

ADDRESS (number and street) 9901 South Wilcrest Dr

Check if different than previously reported. (ACC) Houston TX 77099

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C C00558452

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

- (c) 12-Day PRE-Election Report for the:
Primary (12P)
General (12G)
Runoff (12R)
Convention (12C)
Special (12S)

Election on in the State of

- (d) 30-Day POST-Election Report for the:
General (30G)
Runoff (30R)
Special (30S)

Election on in the State of

5. Covering Period 02 / 01 / 2024 through 02 / 29 / 2024

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 Rogers, Emory, , ,

Signature of Treasurer Rogers, Emory, , , Date 03 / 19 / 2024

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

Table with 10 columns for Office Use Only

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Professional Compounding Centers of America PAC

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="2024"/>		<input type="text" value="72638.27"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="74976.27"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="7748.00"/>	<input type="text" value="10086.00"/>
(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="82724.27"/>	<input type="text" value="82724.27"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8500.00"/>	<input type="text" value="8500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="74224.27"/>	<input type="text" value="74224.27"/>
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

Professional Compounding Centers of America PAC

Report Covering the Period: From: 02 / 01 / 2024 To: 02 / 29 / 2024

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).....	6308.00	7076.00
(ii) Unitemized	1440.00	3010.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	7748.00	10086.00
(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)	7748.00	10086.00
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).....	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)).....▶	7748.00	10086.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	7748.00	10086.00

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	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.....	8500.00	8500.00
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)) ..	8500.00	8500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8500.00	8500.00

DETAILED SUMMARY PAGE
of Disbursements

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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)	7748.00	10086.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	7748.00	10086.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (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 11
	<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)
Professional Compounding Centers of America PAC

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Smith, J.R., , ,		Date of Receipt MM / DD / YYYY 02 / 01 / 2024 Transaction ID : 18022965
Mailing Address 21523 Aurora Park Drive		Amount of Each Receipt this Period 5000.00
City Richmond	State TX	Zip Code 77406-3795
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) PCCA	Occupation (for Individual) President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. BIGGS, MICHELLE, , ,		Date of Receipt MM / DD / YYYY 02 / 02 / 2024 Transaction ID : 18102394
Mailing Address 19814 ICELAND COURT		Amount of Each Receipt this Period 100.00
City SPRING	State TX	Zip Code 77379-1401
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) PCCA	Occupation (for Individual) Vice President of Pharmacy Software	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. DAY, ARJUN, , ,		Date of Receipt MM / DD / YYYY 02 / 02 / 2024 Transaction ID : 18102399
Mailing Address 12722 TRAIL HOLLOW		Amount of Each Receipt this Period 192.00
City HOUSTON	State TX	Zip Code 77024-4011
FEC ID number of contributing federal political committee. C		<input type="checkbox"/> Memo Item
Name of Employer (for Individual) PCCA	Occupation (for Individual) Vice President of Clinical Services	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 576.00	

SUBTOTAL of Receipts This Page (optional).....▶	5292.00
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 11
	<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	

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

A. LEAKE, W M, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 419 O'HARA DRIVE
 City DANVILLE State KY Zip Code 40422-1539
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Pharmacist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 210.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024
Transaction ID : 18102415
 Amount of Each Receipt this Period 70.00
 Memo Item

B. MARTIN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4538 NORTHRIDGE CIRCLE
 City CRESTWOOD State KY Zip Code 40014-8646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 576.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024
Transaction ID : 18102417
 Amount of Each Receipt this Period 192.00
 Memo Item

C. SPEAIRS, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7054 SERRANO DRIVE
 City FORT WORTH State TX Zip Code 76126-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Communications and Engage
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 02 / 02 / 2024
Transaction ID : 18102426
 Amount of Each Receipt this Period 100.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	362.00
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: PAGE 8 OF 11
(check only one)

<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
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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

A. BIGGS, MICHELLE, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 19814 ICELAND COURT

City SPRING	State TX	Zip Code 77379-1401
----------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Vice President of Pharmacy Software
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
400.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

Transaction ID : 18102431

Amount of Each Receipt this Period
100.00

Memo Item

B. DAY, ARJUN, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12722 TRAIL HOLLOW

City HOUSTON	State TX	Zip Code 77024-4011
-----------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Vice President of Clinical Services
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
768.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

Transaction ID : 18102436

Amount of Each Receipt this Period
192.00

Memo Item

C. LEAKE, W M, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 419 O'HARA DRIVE

City DANVILLE	State KY	Zip Code 40422-1539
------------------	-------------	------------------------

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

Name of Employer (for Individual) PCCA	Occupation (for Individual) Clinical Services Pharmacist
---	---

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
280.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
02	/	16	/	2024

Transaction ID : 18102452

Amount of Each Receipt this Period
70.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	362.00
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 9 OF 11
<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	

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NAME OF COMMITTEE (In Full)
Professional Compounding Centers of America PAC

A. MARTIN, CHARLES, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 4538 NORTHRIDGE CIRCLE
 City CRESTWOOD State KY Zip Code 40014-8646
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Clinical Services Manager
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 768.00

Date of Receipt **02 / 16 / 2024**
Transaction ID : 18102454
 Amount of Each Receipt this Period 192.00
 Memo Item

B. SPEAIRS, KIMBERLY, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 7054 SERRANO DRIVE
 City FORT WORTH State TX Zip Code 76126-2320
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) PCCA Occupation (for Individual) Director of Communications and Engag
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 350.00

Date of Receipt **02 / 16 / 2024**
Transaction ID : 18102463
 Amount of Each Receipt this Period 100.00
 Memo Item

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
 Amount of Each Receipt this Period
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	292.00
TOTAL This Period (last page this line number only).....	6308.00

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)

Form for line numbers 21b-30b with checkboxes, where 23 is selected.

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NAME OF COMMITTEE (In Full)

Professional Compounding Centers of America PAC

Full Name (Last, First, Middle Initial)

A. Jake Ellzey For Congress

Mailing Address 1005 Congress Avenue Suite 400

City Austin State TX Zip Code 78701

Purpose of Disbursement

Category/Type 011

Candidate Name

Ellzey, Jake, , Rep.,

Office Sought: [X] House [] Senate [] President State: TX District: 06

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Date of Disbursement

Date of Disbursement 02 / 15 / 2024

FEC Identification Number

C00770438

Transaction ID : 18066364

Amount of Each Disbursement this Period

500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

B. Castor For Congress

Mailing Address 301 W Platt Street, #385

City Tampa State FL Zip Code 33606

Purpose of Disbursement

Category/Type 011

Candidate Name

Castor, Kathy, , Rep.,

Office Sought: [X] House [] Senate [] President State: FL District: 14

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Date of Disbursement

Date of Disbursement 02 / 15 / 2024

FEC Identification Number

C00410761

Transaction ID : 18066365

Amount of Each Disbursement this Period

2500.00

[] Memo Item

Full Name (Last, First, Middle Initial)

C. Friends Of Raja For Congress

Mailing Address PO Box 681202

City Schaumburg State IL Zip Code 60168

Purpose of Disbursement

Category/Type 011

Candidate Name

Krishnamoorthi, Raja, , Rep.,

Office Sought: [X] House [] Senate [] President State: IL District: 08

Disbursement For: 2024 [X] Primary [] General [] Other (specify) ▼

Date of Disbursement

Date of Disbursement 02 / 27 / 2024

FEC Identification Number

C00575092

Transaction ID : 18070039

Amount of Each Disbursement this Period

1000.00

[] Memo Item

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

4000.00

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

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" 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

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NAME OF COMMITTEE (In Full)

Professional Compounding Centers of America PAC

Full Name (Last, First, Middle Initial)

A. Buddy Carter For Congress

Mailing Address PO Box 10570

City
Savannah

State
GA

Zip Code
31412

Purpose of Disbursement

011

Candidate Name

Carter, Buddy, , Rep.,

Category/
Type

Office Sought: House
 Senate
 President

State: GA District: 01

Disbursement For: 2024
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2024

FEC Identification Number

C C00543967

Transaction ID : 18070043

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

B. DIANA FOR CONGRESS

Mailing Address PO Box 7208

City
Kingsport

State
TN

Zip Code
37664

Purpose of Disbursement

011

Candidate Name

Harshbarger, Diana, , ,

Category/
Type

Office Sought: House
 Senate
 President

State: TN District: 01

Disbursement For: 2024
 Primary General
 Other (specify)

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
02	/	27	/	2024

FEC Identification Number

C C00741090

Transaction ID : 18070050

Amount of Each Disbursement this Period

2000.00

Memo Item

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

State: District:

Disbursement For:

Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
	/		/	

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

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

4500.00

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

8500.00