

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
GlaxoSmithKline LLC PAC (GSK PAC)

ADDRESS (number and street) Five Moore Drive
P.O. Box 13358
 Check if different than previously reported. (ACC)
Res. Triangle Park NC 27709

2. **FEC IDENTIFICATION NUMBER** C00199703
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 Quarterly 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) 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 01 01 2011 through 01 31 2011

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 Mark J. Santry

Signature of Treasurer Electronically Filed by Mark J. Santry Date 02 14 2011

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									
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FEC FORM 3X
(Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
GlaxoSmithKline LLC PAC (GSK PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>1</td></tr></table>	Y	Y	Y	Y	2	0	1	1		105297.79
Y	Y	Y	Y							
2	0	1	1							
(b) Cash on Hand at Beginning of Reporting Period	105297.79									
(c) Total Receipts (from Line 19)	46145.15	46145.15								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	151442.94	151442.94								
7. Total Disbursements (from Line 31)	3295.44	3295.44								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	148147.50	148147.50								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

GlaxoSmithKline LLC PAC (GSK PAC)

Report Covering the Period: From:

M	M
0	1

D	D
0	1

Y	Y	Y	Y
2	0	1	1

 To:

M	M
0	1

D	D
3	1

Y	Y	Y	Y
2	0	1	1

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)	1425.00	1425.00
(ii) Unitemized	44720.15	44720.15
(iii) TOTAL (add Lines 11(a)(i) and (ii)	46145.15	46145.15
(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)	46145.15	46145.15
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 Transfer (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))	46145.15	46145.15
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	46145.15	46145.15

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	295.44	295.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	295.44	295.44
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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	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.....	3000.00	3000.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	3295.44	3295.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	3295.44	3295.44

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

5 / 11

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)	46145.15	46145.15
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	46145.15	46145.15
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	295.44	295.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	295.44	295.44

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 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

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)
GlaxoSmithKline LLC PAC (GSK PAC)

<p>A. Full Name (Last, First, Middle Initial) John E Bailey Jr, Jr</p> <p>Mailing Address FIVE MOORE DRIVE</p> <p>City State Zip Code RESEARCH TRIANGLE NC 27709</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GlaxoSmithKline LLC SVP Pub&Pvt Institutional Cust</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.62</p>	<p>Date of Receipt 01 / 21 / 2011</p> <p>Transaction ID: AB476D6D69CF64D52B5A</p> <p>Amount of Each Receipt this Period 384.62</p> <p>Payroll Deduction: \$192.3- 1/Bi-Weekly</p>
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<p>B. Full Name (Last, First, Middle Initial) Deirdre Connelly</p> <p>Mailing Address FIVE MOORE DRIVE</p> <p>City State Zip Code RESEARCH TRIANGLE NC 27709</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GlaxoSmithKline LLC President, North America Pharma</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 384.62</p>	<p>Date of Receipt 01 / 21 / 2011</p> <p>Transaction ID: AE99DBEBE2E6E477CABD</p> <p>Amount of Each Receipt this Period 384.62</p> <p>Payroll Deduction: \$192.3- 1/Bi-Weekly</p>
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<p>C. Full Name (Last, First, Middle Initial) John F. DelGiorno</p> <p>Mailing Address 5 MOORE DRIVE</p> <p>City State Zip Code RESEARCH TRIANGLE NC 27709</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation GlaxoSmithKline LLC VP, Government Relations</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 400.00</p>	<p>Date of Receipt 01 / 21 / 2011</p> <p>Transaction ID: AF85A1CF23308461985E</p> <p>Amount of Each Receipt this Period 400.00</p> <p>Payroll Deduction: \$200.0- 0/Bi-Weekly</p>
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SUBTOTAL of Receipts This Page (optional)	1169.24
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 7 / 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"/> 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)
GlaxoSmithKline LLC PAC (GSK PAC)

A.	Full Name (Last, First, Middle Initial) Daniel J Phelan		Date of Receipt	
	Mailing Address 200 N. 16TH STREET		M M / D D / Y Y Y Y 0 1 / 2 1 / 2 0 1 1	
	City	State	Zip Code	Transaction ID: A404D3D8969894D21A27
	PHILADELPHIA	PA	19102	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		255.76		
Name of Employer GlaxoSmithKline LLC		Occupation Chief of Staff		Payroll Deduction: \$127.8- 8/Bi-Weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 255.76		

SUBTOTAL of Receipts This Page (optional)	255.76
TOTAL This Period (last page this line number only)	1425.00

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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
GlaxoSmithKline LLC PAC (GSK PAC)

A.	Full Name (Last, First, Middle Initial) Oklahoma Ethics Commission Mailing Address 2300 North Lincoln Blvd. Room B-5 City Oklahoma City State OK Zip Code 73105 Purpose of Disbursement 2011 Annual Filing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B2FDE1EB2A2FA40B7B44 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 50.00	
B.	Full Name (Last, First, Middle Initial) Tennessee Registry of Election Finance Mailing Address 404 James Robertson Pkwy. #104 City Nashville State TN Zip Code 37243 Purpose of Disbursement 2011 Annual Filing fee Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BC252F756CA75478CB11 Date of Disbursement 01 / 21 / 2011 Amount of Each Disbursement this Period 100.00	
C.	Full Name (Last, First, Middle Initial) Wisconsin Government Accountability Board Mailing Address 212 E. Washington Ave. 3rd Floor City Madison State WI Zip Code 53703 Purpose of Disbursement Filing Fee, GSK LLC PAC Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BBA360F2FE27741A99C2 Date of Disbursement 01 / 25 / 2011 Amount of Each Disbursement this Period 100.00	

SUBTOTAL of Disbursements This Page (optional)	250.00
TOTAL This Period (last page this line number only)	250.00

**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)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GlaxoSmithKline LLC PAC (GSK PAC)

<p>A. Full Name (Last, First, Middle Initial) Bundgaard for Senate</p> <p>Mailing Address 21424 N 78th Dr</p> <p>City Peoria State AZ Zip Code 85382</p> <p>Purpose of Disbursement AZ State Senate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BEEBFA932B3C145019CE</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>B. Full Name (Last, First, Middle Initial) Elect Kate Brophy McGee</p> <p>Mailing Address 42 East Bolder Drive</p> <p>City Phoenix State AZ Zip Code 85020</p> <p>Purpose of Disbursement AZ State Rep Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BF50CC136BAAA4D61953</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>C. Full Name (Last, First, Middle Initial) John McComish for Senate</p> <p>Mailing Address 4463 East Desert View</p> <p>City Phoenix State AZ Zip Code 85044</p> <p>Purpose of Disbursement AZ State Senate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B74358D7279D84B4B869</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p>

SUBTOTAL of Disbursements This Page (optional)	1200.00
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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GlaxoSmithKline LLC PAC (GSK PAC)

<p>A. Full Name (Last, First, Middle Initial) Lori Klein for Senate Campaign</p> <p>Mailing Address 3637 W. Medinah Court</p> <p>City Anthem State AZ Zip Code 85086</p> <p>Purpose of Disbursement AZ State Senate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BB20A663B61B04A9DB69</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 300.00</p>
<p>B. Full Name (Last, First, Middle Initial) Nancy Barto for Senate</p> <p>Mailing Address 3631 East Rockwood Drive</p> <p>City Phoenix State AZ Zip Code 85050</p> <p>Purpose of Disbursement AZ State Senate Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: BD767D96681AB4F5EAFB</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p>
<p>C. Full Name (Last, First, Middle Initial) Re-Elect Debbie Lesko Committee</p> <p>Mailing Address PO Box 6693</p> <p>City Glendale State AR Zip Code 85312</p> <p>Purpose of Disbursement AZ State Rep Contribution</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President</p> <p>Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>State: District:</p>	<p>Transaction ID: B9F27DA846D204049AB8</p> <p>Date of Disbursement 01 / 05 / 2011</p> <p>Amount of Each Disbursement this Period 400.00</p>

SUBTOTAL of Disbursements This Page (optional) ▶

1100.00

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 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 checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
GlaxoSmithKline LLC PAC (GSK PAC)

A. Full Name (Last, First, Middle Initial) Re-Elect Kimberly Yee <hr/> Mailing Address PO Box 83561 <hr/> City Phoenix State AZ Zip Code 85071 <hr/> Purpose of Disbursement AZ State Rep Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: BE5552F549D164FDDAE9 Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 400.00
	Category/ Type
	Category/ Type
B. Full Name (Last, First, Middle Initial) Re-Elect Steve Montenegro <hr/> Mailing Address PO Box 2473 <hr/> City Litchfield Park State AZ Zip Code 85340 <hr/> Purpose of Disbursement AZ State Rep Contribution Candidate Name <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: B41EDA972036645D4A5F Date of Disbursement M M / D D / Y Y Y Y 0 1 / 0 5 / 2 0 1 1
	Amount of Each Disbursement this Period 300.00
	Category/ Type
	Category/ Type

SUBTOTAL of Disbursements This Page (optional)	700.00
TOTAL This Period (last page this line number only)	3000.00