

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

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="2016"/>	<input type="text" value="16167.57"/>	<input type="text" value="16167.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="18917.00"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="3226.00"/>	<input type="text" value="71042.00"/>
(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="22143.00"/>	<input type="text" value="87209.57"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="0.00"/>	<input type="text" value="65066.57"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="22143.00"/>	<input type="text" value="22143.00"/>
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:

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

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

DETAILED SUMMARY PAGE
of Receipts

Write or Type Committee Name

21st Century Oncology, Inc. Political Action Committee

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

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).....	3181.00	67867.00
(ii) Unitemized	45.00	1300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	3226.00	69167.00
(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)	3226.00	69167.00
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	1875.00
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)).....▶	3226.00	71042.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	3226.00	71042.00

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.....	0.00	65000.00
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	66.57
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)) ..	0.00	65066.57
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	65066.57

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	3226.00	69167.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3226.00	69167.00
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)
21st Century Oncology, Inc. Political Action Committee

A. Chen, Christopher, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1010 SEMINOLE DRIVE
APT 1107

City FORT LAUDERDALE State FL Zip Code 33304-3220

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

Name of Employer (for Individual) 21st Century Oncology, LLC Occupation (for Individual) Medical Doctor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 4992.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1567028844743

Amount of Each Receipt this Period 576.00

Memo Item

P/R Deduction (\$192.00 Bi-Weekly)

B. ANNAZONE, MARIA, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 10361 Witts End

City Alva State FL Zip Code 33936

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

Name of Employer (for Individual) 21st Century Oncology Services, Inc Occupation (for Individual) Director Health Information Managemen

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 260.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1580877844743

Amount of Each Receipt this Period 30.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

C. Jones, Mark, Robert, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1400 LONG RUN ROAD

City LOUISVILLE State KY Zip Code 40245-4334

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

Name of Employer (for Individual) 21st Century Oncology of Kentucky (KEN Occupation (for Individual) Medical Doctor

Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 1300.00

Date of Receipt 12 / 31 / 2016
Transaction ID : PR1580886844743

Amount of Each Receipt this Period 150.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional)..... ▶ 756.00

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)
21st Century Oncology, Inc. Political Action Committee

A. NGUYEN, TAM, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2798 Bellini Road

City Henderson	State NV	Zip Code 89052-3118
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michael J. Katin, MD, PC - MJK	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR1580891944743

Amount of Each Receipt this Period
300.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

B. Skowronski, Claire, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1312 SW 7th TERRACE

City CAPE CORAL	State FL	Zip Code 33991-2145
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology Services, Inc	Occupation (for Individual) Director - Radiation Therapy School
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
260.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR1580896444743

Amount of Each Receipt this Period
30.00

Memo Item

P/R Deduction (\$10.00 Bi-Weekly)

C. TREADWELL, PAUL, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 9916 COZY GLEN CIRCLE

City LAS VEGAS	State NV	Zip Code 89117-0940
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Michael J. Katin, MD, PC	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR1580898544743

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	390.00
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 8 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)
21st Century Oncology, Inc. Political Action Committee

A. Francke, Patrick, Michael, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 7 Winnebago Road

City Sea Ranch Lakes	State FL	Zip Code 33308-2305
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Carolina Regional Cancer Center, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR1633307944743

Amount of Each Receipt this Period
120.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

B. Miller, Keith, Lawrence, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 12731 Terabella Way

City Fort Myers	State FL	Zip Code 33912-0910
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3900.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR1692755744743

Amount of Each Receipt this Period
450.00

Memo Item

P/R Deduction (\$150.00 Bi-Weekly)

C. Quaranta, Brian, P, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 100 Vista Lake Drive
Apt 108

City Candler	State NC	Zip Code 28715-5103
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiation Therapy Associates of Wester	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
1040.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR2127272444743

Amount of Each Receipt this Period
120.00

Memo Item

P/R Deduction (\$40.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	690.00
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)
21st Century Oncology, Inc. Political Action Committee

A. Cross, Chaundre, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6845 Wellington Drive
 City Naples State FL Zip Code 34109-7207
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 21st Century Oncology, LLC Occupation (for Individual) Medical Doctor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 650.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2016
Transaction ID : PR2232246244743
 Amount of Each Receipt this Period 75.00
 Memo Item
 P/R Deduction (\$25.00 Bi-Weekly)

B. Harvey, Alexis, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2127 Race St
 City Philadelphia State NJ Zip Code 19103-1009
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 21st Century Oncology of New Jersey, I Occupation (for Individual) Medical Doctor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 520.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2016
Transaction ID : PR2232248544743
 Amount of Each Receipt this Period 60.00
 Memo Item
 P/R Deduction (\$20.00 Bi-Weekly)

C. Greenberg, Peter, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 77-840 Flora Rd
 City Palm Desert State CA Zip Code 92211-4109
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) 21st Century Oncology of California, P Occupation (for Individual) Medical Doctor
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2016
Transaction ID : PR2366842344743
 Amount of Each Receipt this Period 400.00
 Memo Item
 P/R Deduction (\$200.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	535.00
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 10 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)
21st Century Oncology, Inc. Political Action Committee

A. Horvick, David, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 953 Creek Rock Rd

City Bel Air	State MD	Zip Code 21014
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Onc of Harford County, Ma	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR2366842544743

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

B. Melser, Marc, A., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27090 Harbor Oaks Boulevard

City Punta Gorda	State FL	Zip Code 33983-6507
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor - Urologist
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2100.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR2412064444743

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

C. Strikowski, Jake, J., ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1360 S. Ocean Blvd #2001

City Pompano Beach	State FL	Zip Code 33062-7164
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology Services, Inc	Occupation (for Individual) Regional Director
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
520.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2016

Transaction ID : PR2492181844743

Amount of Each Receipt this Period
60.00

Memo Item

P/R Deduction (\$20.00 Bi-Weekly)

SUBTOTAL of Receipts This Page (optional).....	360.00
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 11 OF 11
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
21st Century Oncology, Inc. Political Action Committee

A. Aihara, Rie, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 14270 Royal Harbor

City Fort Myers	State FL	Zip Code 33908-6503
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) 21st Century Oncology, LLC	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

Transaction ID : PR2497582244743

Amount of Each Receipt this Period
150.00

Memo Item

P/R Deduction (\$50.00 Bi-Weekly)

B. Kerlin, Kevin, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 904 Mill Rd

City Goldsboro	State NC	Zip Code 27534-8951
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Radiation Therapy Associates of Wester	Occupation (for Individual) Medical Doctor
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Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2600.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12		31		2016

Transaction ID : PR2598671244743

Amount of Each Receipt this Period
300.00

Memo Item

P/R Deduction (\$100.00 Bi-Weekly)

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

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

Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....	450.00
TOTAL This Period (last page this line number only).....	3181.00