Image# 13962194950 PAGE 1 / 10

### FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

			Office Use Only
NAME OF COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, tyover the lines.	/pe 12FE4M5
Dallas County Democrat	tic Party		1
ADDRESS (number and street)	4209 Parry		
Check if different			
than previously reported. (ACC)	Dallas		TX 75223
2. FEC IDENTIFICATION NUM	IBER ▼ C	CITY 🛦	STATE ▲ ZIP CODE ▲
C C00528489	3.	IS THIS REPORT NEW (N)	OR × AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Fe	eb 20 (M2) May :	20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
(a) Quarterly Reports:	× M		O (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		or 20 (M4) Jul 20	O (M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q1)  July 15	(c) 12-Day	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q2) October 15	Report for the:	Convention (12C)	Special (12S)
Quarterly Report (Q3)  January 31  Year-End Report (YE)		tion on	in the State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day POST-Election	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Report for the:	tion on	D / Y Y Y Y Y in the State of
5. Covering Period 02	01 / 2013		02
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	David Bradley		
Signature of Treasurer David B	radley	[Electronically File	d] Date 05 13 2013
NOTE: Submission of false, erroneo	us, or incomplete informat	ion may subject the person s	igning this Report to the penalties of 2 U.S.C. §437g.
Office Use Only			FEC FORM 3X Rev. 12/2004

## SUMMARY PAGE

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 02/2003) Page 2 Write or Type Committee Name **Dallas County Democratic Party** 02 2013 02 28 2013 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 24468.72 January 1, 2013 (b) Cash on Hand at 23827.64 Beginning of Reporting Period..... 19510.14 1095.00 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 24922.64 43978.86 6(a) and 6(c) for Column B)..... 195.49 19251.71 Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 24727.15 24727.15 (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: 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

### Dallas County Democratic Party

Report Covering the Period: From: 02	01 2013 To	9: 02 28 2013
I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
. Contributions (other than loans) From:		
(a) Individuals/Persons Other		
Than Political Committees	405.00	1475.00
(i) Itemized (use Schedule A)	125.00	1475.00
(m) 11 m · · · ·	070.00	4560.00
(ii) Unitemized	970.00	4300.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1095.00	6035.00
Lines II(a)(i) and (ii)	, 1000.00	7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7
(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		0005.00
Totals to Line 33, page 5)	1095.00	6035.00
. Transfers From Affiliated/Other		0.00
Party Committees	0.00	0.00
. All Loans Received	0.00	0.00
. All Loans neceived	7 7	7 7
Loop Bonovinouto Bonoino	0.00	0.00
Loan Repayments Received     Offsets To Operating Expenditures	7	0.00
(Refunds, Rebates, etc.)		
(Carry Totals to Line 37, page 5)	0.00	0.00
. Refunds of Contributions Made	7	
to Federal Candidates and Other		
Political Committees	0.00	0.00
. Other Federal Receipts		
(Dividends, Interest, etc.)	0.00	0.00
. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account		
(from Schedule H3)	0.00	13475.14
	0.00	
(b) Levin Funds (from Schedule H5)	0.00	0.00
(a) Total Transfers (add 19(a) and 19(b))	0.00	10.175 1.1
(c) Total Transfers (add 18(a) and 18(b))	0.00	13475.14
. Total Receipts (add Lines 11(d),		
12, 13, 14, 15, 16, 17, and 18(c))▶	1095.00	19510.14
. Total Federal Receipts		
(subtract Line 18(c) from Line 19)▶	1095.00	6035.00

#### **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
Operating Expenditures: —	Total Tills I Gliou	Calcilual Teal-IO-Date
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	14.93	3788.68
(ii) Non-Federal Share	56.15	13338.62
(b) Other Federal Operating		
Expenditures	124.41	124.41
(c) Total Operating Expenditures		
(add 21(a)(i), (a)(ii), and (b))►	195.49	17251.71
Transfers to Affiliated/Other Party		
Committees Contributions to	0.00	0.00
Federal Candidates/Committees and Other Political Committees	0.00	0.00
Independent Expenditures	0.00	0.00
(use Schedule E)	0.00	0.00
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00
(use solieudie i )		0.00
Loan Repayments Made	0.00	0.00
	0.00	0.00
Loans Made Refunds of Contributions To:	0.00	0.00
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
Than I billical Committees	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
(200 2000 20(4), (4), 2004 (4), 2004		
Other Disbursements	0.00	0.00
_		
Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity		
(from Schedule H6)	0.00	720.00
(i) Federal Share		
(ii) "Levin" Share	0.00	1280.00
(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	2000.00
Total Disbursements (add Lines 21(c), 22,		
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	195.49	19251.71
,,,,,,,,,,	100.40	19231.1
Total Federal Disbursements		
(subtract Line 21(a)(ii) and Line 30(a)(ii)		
from Line 31)	139.34	4633.09

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures		
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1095.00	6035.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1095.00	6035.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	139.34	3913.09
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
8. Net Operating Expenditures (subtract Line 37 from Line 36)	139.34	3913.09

1mage# 13962194955 PAGE 6 / 10

#### : 97 A = G7 9 @ G5 B9 CI G'H9 LHF9 @ 5 H98 'HC '5 F9 DCF HZ G7 < 98 I @ 'CF' + H9 A = N5 H= CB

Form/Schedule: F3XA Transaction ID:

This amendment discloses additional contributions totaling \$40 that were inadvertently omitted from the report. All contributions are unitemized. This report also discloses two small additional disbursements totaling \$71.08 on Schedule H4 (\$27.08 and \$44.00 to Transfirst on 2/4). The change in the ending cash on hand reflects both these changes and the previous amendment to the February Monthly Report. We discovered these errors while reconciling our records to prepare for closing our federal account and terminating the committee. Please advise if any additional information is needed.

Form/Schedule: Transaction ID:

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

FOR LINE NUMBER: **PAGE** 7 OF 10 Use separate schedule(s) (check only one) for each category of the X 11a 11b 12 11c 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) Dallas County Democratic Party Full Name (Last, First, Middle Initial) Angela King Date of Receipt Mailing Address PO Box 2685 2013 27 City State Zip Code Transaction ID: SA11AI.7328 TX DeSoto 75123 Amount of Each Receipt this Period FEC ID number of contributing C 125.00 federal political committee. Name of Employer Occupation **Dallas County** Judge Receipt For: Aggregate Year-to-Date ▼ Primary General 250.00 Other (specify) Full Name (Last, First, Middle Initial) В. Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) Full Name (Last, First, Middle Initial) Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing C federal political committee. Name of Employer Occupation Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 125.00 SUBTOTAL of Receipts This Page (optional)..... 125.00 TOTAL This Period (last page this line number only).....

#### SCHEDULE H4 (FEC Form 3X)

# DISBURSEMENTS FOR ALLOCATED FEDERAL/NONFEDERAL ACTIVITY

PAGE	8	OI	=	10	
FOR L	INE	21a (	OF	FORM	ЗХ

NAME OF COMMITTEE (In Full) Dallas County Democratic Party Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H4.7411 Transfirst, LLC X Administrative Fundraising Exempt Mailing Address 371 Centennial Park Voter Drive Direct Candidate Support City Zip Code State Public Comm (ref to party only) by PAC Louisville CO 80027 Allocated Activity or Event Year-To-Date Purpose of Disbursement: credit card and draft processing fees 17083.30 Activity or Event Identifier: Category/ Administrative Type 02 04 2013 Date FEDERAL SHARE NONFEDERAL SHARE = TOTAL AMOUNT 21.39 5.69 27.08 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Transaction ID: H4.7412 Transfirst, LLC X Administrative Fundraising Exempt Mailing Address 371 Centennial Park Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Louisville CO 80027 Allocated Activity or Event Year-To-Date Purpose of Disbursement: credit card and draft processing fees 17127.30 Activity or Event Identifier: Administrative Category/ 2013 02 04 Type Date NONFEDERAL SHARE TOTAL AMOUNT FEDERAL SHARE 9.24 34.76 44.00 Allocated Activity or Event: Full Name (Last, First, Middle Initial) Administrative Fundraising Exempt Mailing Address Voter Drive Direct Candidate Support City State Zip Code Public Comm (ref to party only) by PAC Allocated Activity or Event Year-To-Date Purpose of Disbursement: Activity or Event Identifier: Category/ Type Date FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT SUBTOTAL of Allocated Federal and NonFederal Activity This Page FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 14.93 56.15 71.08 TOTAL This Period (last page for each line only)(Federal share to 21(a)(i) and NonFederal share to 21(a)(ii)) FEDERAL SHARE NONFEDERAL SHARE TOTAL AMOUNT 14.93 56.15 71.08

#### SCHEDULE L (FEC Form 3X)

#### **AGGREGATION PAGE: LEVIN FUNDS**

Transaction ID : SL.7281

NAM	E OF COMMITTEE (In Full)		
Dalla	s County Democratic Party		
	E OF ACCOUNT		
Dalla	s County Democratic Party		
		COLUMN A TOTAL THIS PERIOD	COLUMN B YEAR-TO-DATE
1.	RECEIPTS FROM PERSONS (a) Itemized(Use Schedule L-A)	0.00	0.00
	(b) Unitemized	0.00	0.00
	(c) Total	0.00	0.00
2.	OTHER RECEIPTS	0.00	0.00
3.	TOTAL RECEIPTS(Add Lines 1c and 2)	0.00	0.00
4.	TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT (Use Schedule L-B)		
	(a) Voter Registration	0.00	0.00
	(b) Voter ID	0.00	0.00
	(c) GOTV	0.00	0.00
	(d) Generic Campaign	0.00	0.00
	(e) Total	0.00	0.00
5.	OTHER DISBURSEMENTS	160.14	160.14
6.	TOTAL DISBURSEMENTS(Add Lines 4e and 5)	160.14	160.14
7.	BEGINNING CASH ON HAND(for Column B, use cash as of January 1st)	160.14	160.14
8.	RECEIPTS(from Line 3)	0.00	0.00
9.	SUBTOTAL(Add Lines 7 and 8)	160.14	160.14
10.	DISBURSEMENTS	160.14	160.14
11.	ENDING CASH ON HAND(Subtract Line 10 From Line 9)	0.00	0.00

# SCHEDULE L-B (FEC Form 3X) ITEMIZED DISBURSEMENTS OF LEVIN FUNDS

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

FOR LINE NUMBER	:	PAG	iΕ	10	OF	10	
FOR LINE NUMBER (check only one)	٦			1.		- -1 _	
<u> </u>	-   ⁴	<del>1</del> a	_	4c		.] 5	
	4	4b		4d			

City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C. Date of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name	OF LEVIN FUNDS		Aggregation Page	4a 4c 15
Dallas County Democratic Party				
A Date of Disbursement  A Date of Disbursement  TX 75223  Purpose of Disbursement Date of Disbursement Date of Disbursement Date of Disbursement Transfer to state-close out account  Full Name (Last, First, Middle Initial) / Full Organization Name  B.  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement Transfer to state-close out account  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement This Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement This Period  Purpose of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement This Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement This Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement This Period  Account:  Account:  Date of Disbursement This Period  Account:  Account:  Date of Disbursement This Period  Account:  Date of Disbursement This Period	NAME OF COMMITTEE (In Full	l)		
A. Dallas County Democratic Party  Mailing Address 4209 Parry  City State Zip Code Dallas TX 75233  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  B. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  D. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  D. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  D. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Account:  Substate Zip Code  Amount of Each Disbursement this Period	<i>V</i>			
Mailing Address 4209 Parry  City State Zip Code TX 75223  City State Covered Tx 75223  Full Name (Last, First, Middle Initial) / Full Organization Name  B. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  D. Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code  Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement this Period				
Dallas TX 75223 Purpose of Disbursement Transfer to state-close out account  Full Name (Last, First, Middle Initial) / Full Organization Name  B.  Mailing Address  City State Zip Code Amount of Each Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Full Name (Last, First, Middle Initial) / Full Organization Name  D.  Full Name (Last, First, Middle Initial) / Full Organization Name  D.  Full Name (Last, First, Middle Initial) / Full Organization Name  D.  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period	Mailing Address 4209 Parry			02 21 2013
Purpose of Disbursement Transfer to state-dose out account  Full Name (Last, First, Middle Initial) / Full Organization Name  B.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Purpose of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Lacting Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Lacting Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement				Amount of Each Disbursement this Period
Transfer to state-dose out account  Account: 4869  Full Name (Last, First, Middle Initial) / Full Organization Name  B.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  D.  Full Name (Last, First, Middle Initial) / Full Organization Name  D.  Full Name (Last, First, Middle Initial) / Full Organization Name  D.  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  E.  Account:  Title Amount of Each Disbursement this Period  Account:  Account:  Account:  Account:  Account:  Account:  Account:		TX	75223	160 14
B. Mailing Address  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  C. Tull Name (Last, First, Middle Initial) / Full Organization Name  C. Tull Name (Last, First, Middle Initial) / Full Organization Name  C. Tull Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  D. Date of Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  E. Tull Name (Last, First, Middle Initial) / Full Organization Name  E. Tull Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Purpose of Disbursement  Account:  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  SUBTOTAL of Disbursements This Page (optional)		ınt		
Mailing Address  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  C. Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period Purpose of Disbursement  Date of Disbursement  Account:  Date of Disbursement  Account:  Date of Disbursement this Period Purpose of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  D. Amount of Each Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  Account:  160.14	Full Name (Look First Middle In	- Wally / Fall One and a diag. Name		Account: 4869
Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  C. Full Name (Last, First, Middle Initial) / Full Organization Name  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Purpose of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement  Full Name (Last, First, Middle Initial) / Full Organization Name  E. City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Purpose of Disbursement  Account:  Substitute Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:  Substitute Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Account:	B.	nitial) / Full Organization Nar	ne	Date of Disbursement
City State Zip Code  Amount of Each Disbursement this Period  Account:  Date of Disbursement this Period  Date of Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  Mailing Address  City State Zip Code  Amount of Each Disbursement this Period  Date of Disbursement  Account:  Date of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  E. Date of Disbursement this Period  Account:  Date of Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement  Account:  Date of Disbursement this Period  Purpose of Disbursement  Account:  Date of Disbursement this Period  Date of Disbursement  Account:  Date of Disbursement this Period				M   M   / D   D   / Y   Y   Y   Y
Purpose of Disbursement  C. Date of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  Mailing Address  City State Zip Code Amount of Each Disbursement this Period  Purpose of Disbursement  E. Full Name (Last, First, Middle Initial) / Full Organization Name  Date of Disbursement this Period  Account:  Substitute Tip Code Amount of Each Disbursement this Period  Account:  Date of Disbursement this Period  Account:  Substitute Tip Code Amount of Each Disbursement this Period  Account:  Substitute Tip Code Amount of Each Disbursement this Period  Account:	Mailing Address			
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