

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT** ▼ Example: If typing, type over the lines.

12FE4M5

JOEL PHELPS FOR CONGRESS

ADDRESS (number and street) ▼

P.O. BOX 1517

Check if different than previously reported. (ACC)

PORTAGE

IN

46368

2. **FEC IDENTIFICATION NUMBER** ▼

C C00505461

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

IN

01

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)

Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:

- Primary (12P) General (12G) Runoff (12R)
- Convention (12C) Special (12S)

Election on / / in the State of

(c) 30-Day **POST**-Election Report for the:

- General (30G) Runoff (30R) Special (30S)

Election on / / in the State of

5. Covering Period

/ /

through

/ /

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 JENNIFER PHELPS

Signature of Treasurer JENNIFER PHELPS

[Electronically Filed]

Date

/ /

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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SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name

JOEL PHELPS FOR CONGRESS

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

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	4168.82	10493.66
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	4168.82	10493.66
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	6345.02	9543.00
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	6345.02	9543.00
8. Cash on Hand at Close of Reporting Period (from Line 27).....	950.66	
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	

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 3 (Revised 12/2003)

Write or Type Committee Name

JOEL PHELPS FOR CONGRESS

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

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	3644.23	3644.23
(ii) Unitemized.....	524.59	524.59
(iii) TOTAL of contributions from individuals ▶	4168.82	4168.82
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	6324.84
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	4168.82	10493.66
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.....		
	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.).....		
	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.).....		
	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	4168.82	10493.66

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	6345.02	9543.00
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	6345.02	9543.00

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	3126.86
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	4168.82
25. SUBTOTAL (add Line 23 and Line 24).....	7295.68
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	6345.02
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	950.66

**SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
JOEL PHELPS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
MARK MORRIS

Mailing Address 1360 SNOWY EGRET ST

City State Zip Code
PLUMAS LAKE CA 95961

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

Name of Employer Occupation
USAF CYBER OPS

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
488.10

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 28 / 2012

Transaction ID : SA11AI.4115

Amount of Each Receipt this Period
488.10

DONATION

B. Full Name (Last, First, Middle Initial)
JOEL PHELPS

Mailing Address 5590 NORTHCREEK AVE

City State Zip Code
PORTAGE IN 46368

FEC ID number of contributing federal political committee. **C H2IN01123**

Name of Employer Occupation
CANDIDATE CANDIDATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
7370.23

Date of Receipt
M M / D D / Y Y Y Y Y Y
01 / 19 / 2012

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
1045.39

DONATION

C. Full Name (Last, First, Middle Initial)
JOEL PHELPS

Mailing Address 5590 NORTHCREEK AVE

City State Zip Code
PORTAGE IN 46368

FEC ID number of contributing federal political committee. **C H2IN01123**

Name of Employer Occupation
CANDIDATE CANDIDATE

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
9076.95

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 30 / 2012

Transaction ID : SA11AI.4105

Amount of Each Receipt this Period
1706.72

DONATION

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

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

3240.21

**SCHEDULE A (FEC Form 3)
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 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOEL PHELPS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN PHELPS

Mailing Address 6109 JOHNSON STREET

City State Zip Code
MERRILLVILLE IN 46410

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
244.05

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 01 / 2012

Transaction ID : SA11AI.4110

Amount of Each Receipt this Period
244.05

DONATION

B. Full Name (Last, First, Middle Initial)
JOHN PHELPS

Mailing Address 6109 JOHNSON STREET

City State Zip Code
MERRILLVILLE IN 46410

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
289.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
02 / 03 / 2012

Transaction ID : SA11AI.4107

Amount of Each Receipt this Period
44.95

DONATION

C. Full Name (Last, First, Middle Initial)
JOHN PHELPS

Mailing Address 6109 JOHNSON STREET

City State Zip Code
MERRILLVILLE IN 46410

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

Name of Employer Occupation
RETIRED RETIRED

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
334.93

Date of Receipt
M M / D D / Y Y Y Y Y Y
03 / 14 / 2012

Transaction ID : SA11AI.4129

Amount of Each Receipt this Period
45.93

DONATION

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

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

334.93

**SCHEDULE A (FEC Form 3)
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 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
JOEL PHELPS FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
JOHN PHELPS

Mailing Address **6109 JOHNSON STREET**

City **MERRILLVILLE** State **IN** Zip Code **46410**

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

Name of Employer **RETIRED** Occupation **RETIRED**

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date **404.02**

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
03 / 19 / 2012

Transaction ID : SA11AI.4135

Amount of Each Receipt this Period
69.09

DONATION

B. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

C. Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

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

69.09

3644.23

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOEL PHELPS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ELECTION MALL		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2012
Mailing Address 1101 PENNSYLVANIA AVE		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.4140
City WASHINGTON DC	State DC Zip Code 20004	
Purpose of Disbursement WEBSITE	Category/Type 001	
Candidate Name JOEL PHELPS FOR CONGRESS		
Office Sought: <input checked="" 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)	
State: IN District: 01		

Full Name (Last, First, Middle Initial) B. GRASSHOPPER.COM		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012
Mailing Address 197 1st Ave Suite 200		Amount of Each Disbursement this Period 131.11 Transaction ID : SB17.4163
City Needham	State IN Zip Code 46368	
Purpose of Disbursement TELEPHONE	Category/Type 001	
Candidate Name JOEL PHELPS FOR CONGRESS		
Office Sought: <input checked="" 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)	
State: IN District: 01		

Full Name (Last, First, Middle Initial) C. JASON JROE CPA SERVICES		Date of Disbursement M M / D D / Y Y Y Y 01 / 21 / 2012
Mailing Address 301 APPLETREE LANE		Amount of Each Disbursement this Period 395.00 Transaction ID : SB17.4138
City VALPARAISO	State IN Zip Code 46383	
Purpose of Disbursement QUICKBOOKS	Category/Type 001	
Candidate Name JOEL PHELPS FOR CONGRESS		
Office Sought: <input checked="" 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)	
State: IN District: 01		

SUBTOTAL of Disbursements This Page (optional).....	1026.11
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOEL PHELPS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. JOEL PHELPS		Date of Disbursement MM / DD / YYYY 01 / 19 / 2012
Mailing Address 5590 NORTHCREEK AVE		Amount of Each Disbursement this Period 1045.39 Transaction ID : SB17.4104
City PORTAGE State IN Zip Code 46368	Purpose of Disbursement DONATION 001 Category/Type	
Candidate Name JOEL PHELPS	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)	
State: District:		

Full Name (Last, First, Middle Initial) B. JOEL PHELPS		Date of Disbursement MM / DD / YYYY 03 / 30 / 2012
Mailing Address 5590 NORTHCREEK AVE		Amount of Each Disbursement this Period 1706.72 Transaction ID : SB17.4106
City PORTAGE State IN Zip Code 46368	Purpose of Disbursement DONATION 001 Category/Type	
Candidate Name JOEL PHELPS	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)	
State: District:		

Full Name (Last, First, Middle Initial) C. SPRINT		Date of Disbursement MM / DD / YYYY 01 / 24 / 2012
Mailing Address P.O. BOX 4191		Amount of Each Disbursement this Period 121.60 Transaction ID : SB17.4160
City CAROL STREAM State IL Zip Code 60197	Purpose of Disbursement CELL PHONE 001 Category/Type	
Candidate Name JOEL PHELPS FOR CONGRESS	Office Sought: <input checked="" 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)	
State: IN District: 01		

SUBTOTAL of Disbursements This Page (optional).....	2873.71
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
JOEL PHELPS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 03 / 14 / 2012
Mailing Address P.O. BOX 4191		Amount of Each Disbursement this Period 123.87 Transaction ID : SB17.4165
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Disbursement CELL PHONE	Category/ Type 001
Candidate Name JOEL PHELPS FOR CONGRESS	Office Sought: <input checked="" 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)	State: IN District: 01	

Full Name (Last, First, Middle Initial) B. SPRINT		Date of Disbursement M M / D D / Y Y Y Y 03 / 22 / 2012
Mailing Address P.O. BOX 4191		Amount of Each Disbursement this Period 123.87 Transaction ID : SB17.4164
City CAROL STREAM	State IL	
Zip Code 60197	Purpose of Disbursement CELL PHONE	Category/ Type 001
Candidate Name JOEL PHELPS FOR CONGRESS	Office Sought: <input checked="" 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)	State: IN District: 01	

Full Name (Last, First, Middle Initial) C. VISTA PRINT		Date of Disbursement M M / D D / Y Y Y Y 01 / 24 / 2012
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 528.10 Transaction ID : SB17.4151
City Lexington	State MA	
Zip Code 02421	Purpose of Disbursement SUPPLIES	Category/ Type 001
Candidate Name JOEL PHELPS FOR CONGRESS	Office Sought: <input checked="" 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)	State: IN District: 01	

SUBTOTAL of Disbursements This Page (optional).....	775.84
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

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"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
JOEL PHELPS FOR CONGRESS

Full Name (Last, First, Middle Initial) A. VISTA PRINT		Date of Disbursement MM / DD / YYYY 02 / 13 / 2012
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 990.03 Transaction ID : SB17.4154
City Lexington State MA Zip Code 02421	Purpose of Disbursement SUPPLIES Category/Type 001	
Candidate Name JOEL PHELPS FOR CONGRESS	Office Sought: <input checked="" 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)	
State: IN District: 01		

Full Name (Last, First, Middle Initial) B. VISTA PRINT		Date of Disbursement MM / DD / YYYY 02 / 25 / 2012
Mailing Address 95 Hayden Ave		Amount of Each Disbursement this Period 134.68 Transaction ID : SB17.4155
City Lexington State MA Zip Code 02421	Purpose of Disbursement SUPPLIES Category/Type 001	
Candidate Name JOEL PHELPS FOR CONGRESS	Office Sought: <input checked="" 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)	
State: IN District: 01		

Full Name (Last, First, Middle Initial) C.		Date of Disbursement MM / DD / YYYY
Mailing Address		Amount of Each Disbursement this Period
City State Zip Code	Purpose of Disbursement Category/Type	
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	990.03
TOTAL This Period (last page this line number only).....	5665.69