

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 CMR Political Action Committee

ADDRESS (number and street) PO Box 2485 Check if different than previously reported. (ACC) Springfield VA 22152

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE C C00469429 3. IS THIS REPORT NEW (N) OR AMENDED (A) [X] [ ]

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 08 / 01 / 2018 through 08 / 31 / 2018

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Carlin, Robert, F., Type or Print Name of Treasurer

Signature of Treasurer Carlin, Robert, F., [Electronically Filed] Date 09 / 20 / 2018

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

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

**CMR 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="2018"/>		79944.01
(b) Cash on Hand at Beginning of Reporting Period.....	15531.05	
(c) Total Receipts (from Line 19) .....	14690.69	346296.76
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	30221.74	426240.77
7. Total Disbursements (from Line 31).....	250.00	396269.03
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	29971.74	29971.74
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> 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

DETAILED SUMMARY PAGE  
of Receipts

Write or Type Committee Name

CMR Political Action Committee

Report Covering the Period: From: 08 / 01 / 2018 To: 08 / 31 / 2018

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).....	0.00	36000.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	0.00	36000.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	9500.00	174500.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	9500.00	210500.00
12. Transfers From Affiliated/Other Party Committees.....	3190.69	132796.76
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.....	2000.00	3000.00
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)).....▶	14690.69	346296.76
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	14690.69	346296.76

**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 .....	250.00	38769.03
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	250.00	38769.03
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	357500.00
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)) ..	250.00	396269.03
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	250.00	396269.03

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

<b>III. Net Contributions/ Operating Expenditures</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	9500.00	210500.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	9500.00	210500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	250.00	38769.03
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	250.00	38769.03

**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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" 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)  
**CMR Political Action Committee**

**A. AMERICAN CABLE ASSOCIATION INC. PAC (ACA PAC)**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 1 PARKWAY CENTER  
SUITE 212

City PITTSBURGH State PA Zip Code 15220-3505

FEC ID number of contributing federal political committee. **C** C00364109

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 27 / 2018

**Transaction ID : SA11C.54284**

Amount of Each Receipt this Period  
1500.00

Memo Item  
CONTRIBUTION

**B. STE. MICHELLE WINE ESTATES LTD. PAC**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 101 CONSTITUTION AVENUE NW  
SUITE 400 W

City WASHINGTON State DC Zip Code 20001-2133

FEC ID number of contributing federal political committee. **C** C00270421

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
3000.00

Date of Receipt  
MM / DD / YYYY  
08 / 31 / 2018

**Transaction ID : SA11C.55627**

Amount of Each Receipt this Period  
3000.00

Memo Item  
CONTRIBUTION

**C. WINE AND SPIRITS WHOLESALERS OF AMERICA**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
Mailing Address 805 FIFTEENTH ST. NW  
SUITE 430

City WASHINGTON State DC Zip Code 20005-2273

FEC ID number of contributing federal political committee. **C** C00147173

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  
MM / DD / YYYY  
08 / 02 / 2018

**Transaction ID : SA11C.52852**

Amount of Each Receipt this Period  
5000.00

Memo Item  
CONTRIBUTION

<b>SUBTOTAL</b> of Receipts This Page (optional).....	9500.00
<b>TOTAL</b> This Period (last page this line number only).....	9500.00

**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 7 OF 11
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. MCMORRIS RODGERS AMERICAN DREAM PROJECT; THE**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 2485

City SPRINGFIELD	State VA	Zip Code 22152-0485
---------------------	-------------	------------------------

FEC ID number of contributing federal political committee. **C** C00543199

Name of Employer (for Individual) Occupation (for Individual)

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
132796.76

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	07	/	2018

**Transaction ID : SA12.53186**

Amount of Each Receipt this Period  
3190.69

Memo Item  
TRANSFER

**B. MCCA W, BRUCE, R., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1717

City BELLEVUE	State WA	Zip Code 98009-1717
------------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
BRUCE R. MCCA W SELF EMPLOYED

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
07	/	17	/	2018

**Transaction ID : SA.52219.3.PRIM**

Amount of Each Receipt this Period  
5000.00

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

**C. TRUE, DOUGLAS, L., ,**

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 230 36TH AVE E

City SEATTLE	State WA	Zip Code 98112-4928
-----------------	-------------	------------------------

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

Name of Employer (for Individual) Occupation (for Individual)  
GULL INDUSTRIES EXECUTIVE

Receipt For:  
 Primary  General  
 Other (specify)

Aggregate Year-to-Date ▼  
4225.77

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	06	/	2018

**Transaction ID : SA.51949.3.PRIM**

Amount of Each Receipt this Period  
25.77

Memo Item  
TRANSFER

TRANSFER FROM AMERICAN DREAM PROJECT JFC

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	3190.69
<b>TOTAL</b> 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 type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input checked="" 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)  
**CMR Political Action Committee**

**A. TRUE, DOUGLAS, L., ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 36TH AVE E  
 City SEATTLE State WA Zip Code 98112-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) GULL INDUSTRIES Occupation (for Individual) EXECUTIVE  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 4225.77

Date of Receipt 07 / 13 / 2018  
**Transaction ID : SA.53132.3.PRIM**  
 Amount of Each Receipt this Period 4200.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM AMERICAN DREAM PROJECT JFC

**B. TRUE, JANET, , ,**  
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name  
 Mailing Address 230 36TH AVENUE E  
 City SEATTLE State WA Zip Code 98112-4928  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer (for Individual) SELF EMPLOYED Occupation (for Individual) CIVIC VOLUNTEER  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 07 / 13 / 2018  
**Transaction ID : SA.53131.3.PRIM**  
 Amount of Each Receipt this Period 5000.00  
 Memo Item  
 TRANSFER  
 TRANSFER FROM AMERICAN DREAM PROJECT JFC

**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

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	3190.69



**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 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 checked="" type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**CMR Political Action Committee**

**A. MIKE BOST FOR CONGRESS COMMITTEE**  
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address PO BOX 1212

City MURPHYSBORO State IL Zip Code 62966-1212

FEC ID number of contributing federal political committee. **C** C00546499

Name of Employer (for Individual) Occupation (for Individual)

Receipt For: 2018  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 2000.00

Date of Receipt  
M M / D D / Y Y Y Y Y Y  
08 / 13 / 2018

**Transaction ID : SA16.11289**

Amount of Each Receipt this Period  
2000.00

Memo Item  
**REFUND**

**B.** 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 / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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

Amount of Each Receipt this Period

Memo Item

<b>SUBTOTAL</b> of Receipts This Page (optional).....	2000.00
<b>TOTAL</b> This Period (last page this line number only).....	2000.00

**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"/> 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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. CMDI**

Mailing Address 1593 SPRING HILL ROAD  
SUITE 400

City TYSONS CORNER State VA Zip Code 22182

Purpose of Disbursement  
COMPLIANCE SOFTWARE

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y  
08 / 03 / 2018

FEC Identification Number  
  
**Transaction ID : SB21B.I1122**  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
State: District: Disbursement For:  Primary  General  Other (specify) ▼

Date of Disbursement  
M M / D D / Y Y Y Y Y Y

FEC Identification Number  
  
Amount of Each Disbursement this Period

Memo Item

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

**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)  
**CMR Political Action Committee**

Full Name (Last, First, Middle Initial)

## A. FRIENDS OF SUSAN HUTCHISON

Mailing Address 321 HIGH SCHOOL RD NE  
PMB 362

City BAINBRIDGE ISLAND State WA Zip Code 98110-2648

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

001  
 011  
Category/  
Type

Candidate Name  
**HUTCHISON, SUSAN, , ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify) ▼

State: WA District:

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 07 / 2018

FEC Identification Number

**C** C00681569

**Transaction ID : SB23.I11284**

Amount of Each Disbursement this Period

2500.00

Memo Item

Full Name (Last, First, Middle Initial)

## B. MARIA ELVIRA SALAZAR FOR CONGRESS

Mailing Address P.O. BOX 558033

City MIAMI State FL Zip Code 33255-8033

Purpose of Disbursement  
COMMITTEE CONTRIBUTION

001  
 011  
Category/  
Type

Candidate Name  
**SALAZAR, MARIA, ELVIRA, ,**

Office Sought:  House  Senate  President  
Disbursement For: 2018  Primary  General  Other (specify)

State: FL District: 27

Date of Disbursement

M M / D D / Y Y Y Y Y Y  
08 / 31 / 2018

FEC Identification Number

**C** C00671859

**Transaction ID : SB23.I11659**

Amount of Each Disbursement this Period

- 2500.00

VOID CHECK

Memo Item

Full Name (Last, First, Middle Initial)

## C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/  
Type

Candidate Name

Office Sought:  House  Senate  President  
Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

**C**

Amount of Each Disbursement this Period

Memo Item

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

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

0.00

0.00