

**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

Grand Traverse County Democratic Committee

ADDRESS (number and street)

P.P. Box 1532

309 E Front Street

Check if different  
than previously  
reported. (ACC)

Traverse City

MI

49684

2. FEC IDENTIFICATION NUMBER ▼

CITY ▲

STATE ▲

ZIP CODE ▲

C

C00402842

3. IS THIS  
REPORTNEW  
(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  
Year-End 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

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

M M M

(d) 30-Day  
POST-Election  
Report for the:

General (30G)



Runoff (30R)



Special (30S)

Election on

M M M /

D D D /

Y Y Y Y Y Y Y

in the  
State of

M M M

5. Covering Period

M M M /

D D D /

Y Y Y Y Y Y Y

through

M M M /

D D D /

Y Y Y Y Y Y Y

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Klein, Leonard, , ,

Type or Print Name of Treasurer

Signature of Treasurer

Klein, Leonard, , ,

[Electronically Filed]

Date

M M M /

D D D /

Y Y Y Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3X**  
Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Grand Traverse County Democratic Committee

Report Covering the Period:

From:

M M	/	D D	/	Y Y Y Y Y
07		01		2018

To:

M M	/	D D	/	Y Y Y Y Y
09		30		2018

	COLUMN A This Period	COLUMN B Calendar Year-to-Date																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																																
6. (a) Cash on Hand January 1, <table><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td colspan="5">2018</td></tr></table>	Y	Y	Y	Y	Y	2018						<table><tr><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><t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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. 05/2016)

Page 3

Write or Type Committee Name

Grand Traverse County Democratic Committee

Report Covering the Period:

From:

 M M / D D / Y Y Y Y Y  
 07 / 01 / 2018

To:

 M M / D D / Y Y Y Y Y  
 09 / 30 / 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).....

8350.00

10100.00

(ii) Unitemized .....

3890.00

11544.00

(iii) TOTAL (add

Lines 11(a)(i) and (ii).....▶

12240.00

21644.00

(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) .....

12240.00

21644.00

## 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

53.00

## 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 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)) .....

12240.00

21697.00

## 20. Total Federal Receipts

(subtract Line 18(c) from Line 19) .....

12240.00

21697.00

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

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 .....	4316.95	12710.65
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	4316.95	12710.65
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 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 .....	656.43	2850.94
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b)) .....	656.43	2850.94
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	4973.38	15561.59
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	4973.38	15561.59

**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) .....	12240.00	21644.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	12240.00	21644.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	4316.95	12710.65
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	53.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	4316.95	12657.65

# **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 18

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

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

**A. Cogswell, Susan, , ,**

Mailing Address 6235 Red Fox Run

City  
Traverse City

State  
MI

Zip Code  
49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

Retired

Occupation (for Individual)

Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

MM / DD / YYYY  
09 / 14 / 2018

Transaction ID : SA11AI.7021

Amount of Each Receipt this Period

150.00

☐ Memo Item  
dinner donation 6319

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

**B. Cracchiolo, Chris, J., ,**

Mailing Address 5140 Arrowhead Court

City  
Williamsburg

State  
MI

Zip Code  
49690

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

J. Allan Reynolds

Occupation (for Individual)

Director of Business Development

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

360.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2018

Transaction ID : SA11AI.6983

Amount of Each Receipt this Period

240.00

☐ Memo Item  
dinner donation 2004

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

**C. Klein, Leonard, , ,**

Mailing Address 2965 Crescent Shores dr

City  
Traverse City

State  
MI

Zip Code  
49685

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

247.00

Date of Receipt

MM / DD / YYYY  
08 / 21 / 2018

Transaction ID : SA11AI.6942

Amount of Each Receipt this Period

100.00

☐ Memo Item  
donation #1773

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

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

490.00

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

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

FOR LINE NUMBER: PAGE 7 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

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

A. Klein, Leonard, , ,

Mailing Address 2965 Crescent Shores dr

City

Traverse City

State

MI

Zip Code

49685

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

347.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2018

Transaction ID : SA11AI.6986

Amount of Each Receipt this Period

100.00

☐ Memo Item  
dinner donation 1779

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

B. Lassers, Harold, , ,

Mailing Address 4678 Arthur Court

City

Williamsburg

State

MI

Zip Code

49690

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

620.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
08 / 21 / 2018

Transaction ID : SA11AI.6940

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation #1024

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

C. Lassers, Harold, , ,

Mailing Address 4678 Arthur Court

City

Williamsburg

State

MI

Zip Code

49690

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

770.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2018

Transaction ID : SA11AI.7030

Amount of Each Receipt this Period

150.00

☐ Memo Item  
dinner donation AB

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

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

750.00

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

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

FOR LINE NUMBER: PAGE 8 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

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

**A. Maller, Marcy, , ,**

Mailing Address 4588 Hampshire Dr.

City  
Williamsburg

State  
MI

Zip Code  
49690

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

400.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 14 / 2018

Transaction ID : SA11AI.7025

Amount of Each Receipt this Period

260.00

☐ Memo Item  
dinner donation 1160

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

**B. Quick, Eleanor, , ,**

Mailing Address 60 S Long Lake Rd

City  
Traverse City

State  
MI

Zip Code  
49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

5000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 21 / 2018

Transaction ID : SA11AI.7005

Amount of Each Receipt this Period

5000.00

☐ Memo Item  
donation/dinner donation 353

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

**C. Sanok, Richard, , ,**

Mailing Address 84 Wakulat Ln

City  
Traverse City

State  
MI

Zip Code  
49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify)

Aggregate Year-to-Date ▼

550.00

Date of Receipt

M M / D D / Y Y Y Y Y Y  
09 / 07 / 2018

Transaction ID : SA11AI.6985

Amount of Each Receipt this Period

550.00

☐ Memo Item  
dinner donation 5983

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

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

5810.00



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

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

FOR LINE NUMBER: PAGE 9 OF 18

(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12  
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

Grand Traverse County Democratic Committee

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

A. Sanok, Richard, , ,

Mailing Address 84 Wakulat Ln

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2018

Transaction ID : SA11AI.6991

Amount of Each Receipt this Period

50.00

☐ Memo Item  
donation 5978

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

B. Snow, John, R., ,

Mailing Address 10605 Bluff Rd

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary  
☐ Other (specify) ▼

General

Aggregate Year-to-Date ▼

610.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2018

Transaction ID : SA11AI.6984

Amount of Each Receipt this Period

550.00

☐ Memo Item  
dinner donation 3324

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

C. Snow, John, R., ,

Mailing Address 10605 Bluff Rd

City

Traverse City

State

MI

Zip Code

49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)

none

Occupation (for Individual)

retired

Receipt For:

☐ Primary  
☐ Other (specify)

General

Aggregate Year-to-Date ▼

710.00

Date of Receipt

M M M / D D D / Y Y Y Y Y Y  
09 / 07 / 2018

Transaction ID : SA11AI.6992

Amount of Each Receipt this Period

100.00

☐ Memo Item  
donation 3318

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

700.00

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: PAGE 10 OF 18  
(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			

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

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

**A. Viskochil, Sally, , ,**

Mailing Address 605 Webster St

City  
Traverse City

State  
MI

Zip Code  
49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
none

Occupation (for Individual)  
Retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

620.00

Date of Receipt

MM / DD / YYYY  
09 / 07 / 2018

**Transaction ID : SA11AI.6990**

Amount of Each Receipt this Period

500.00

☐ Memo Item  
donation 1924

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

**B. Zion, Susan, , ,**

Mailing Address 6276 Summit CT

City  
Traverse City

State  
MI

Zip Code  
49686

FEC ID number of contributing  
federal political committee.

C

Name of Employer (for Individual)  
retired

Occupation (for Individual)  
retired

Receipt For:

☐ Primary ☐ General  
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

220.00

Date of Receipt

MM / DD / YYYY  
09 / 21 / 2018

**Transaction ID : SA11AI.7004**

Amount of Each Receipt this Period

100.00

☐ Memo Item  
dinner donation 2578

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

**C.**

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

MM / DD / YYYY

Amount of Each Receipt this Period

☐ Memo Item

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

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

600.00

8350.00

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 18

<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)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684Purpose of Disbursement  
office rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		01		2018

FEC Identification Number

**C****Transaction ID : SB21B.6920**

Amount of Each Disbursement this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684Purpose of Disbursement  
office rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		01		2018

FEC Identification Number

**C****Transaction ID : SB21B.6946**

Amount of Each Disbursement this Period

550.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. 309 E Front St Associates**

Mailing Address 309 E Front St

City  
Traverse CityState  
MIZip Code  
49684Purpose of Disbursement  
office rent

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		01		2018

FEC Identification Number

**C****Transaction ID : SB21B.6963**

Amount of Each Disbursement this Period

550.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶**TOTAL** This Period (last page this line number only).....▶

1650.00

# **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)

PAGE 12 OF 18

☒ 21b ☐ 22 ☐ 23 ☐ 26 ☐ 27  
☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

## **A. Copy Central**

Mailing Address 314 E. 8th St

City  
Traverse City

State  
MI

Zip Code  
49684

Purpose of Disbursement  
design time for banner

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
08 / 06 / 2018

FEC Identification Number

C

**Transaction ID : SB21B.6958**

Amount of Each Disbursement this Period

53.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **B. Copy Central**

Mailing Address 314 E. 8th St

City  
Traverse City

State  
MI

Zip Code  
49684

Purpose of Disbursement  
printing of trifold about GTCDC

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

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

FEC Identification Number

C

**Transaction ID : SB21B.6957**

Amount of Each Disbursement this Period

439.90

☐ Memo Item

Full Name (Last, First, Middle Initial)

## **C. Copy Central**

Mailing Address 314 E. 8th St

City  
Traverse City

State  
MI

Zip Code  
49684

Purpose of Disbursement  
printing of dinner invites

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

Category/  
Type

Date of Disbursement

M M / D D / Y Y Y Y Y  
09 / 10 / 2018

FEC Identification Number

C

**Transaction ID : SB21B.6959**

Amount of Each Disbursement this Period

259.85

☐ Memo Item

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

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

752.75

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 13 OF 18

<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)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Lassers, Harold, , ,**

Mailing Address 4678 Arthur Court

City  
WilliamsburgState  
MIZip Code  
49690Purpose of Disbursement  
materials for book rack

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		05		2018

FEC Identification Number

**C****Transaction ID : SB21B.6921**

Amount of Each Disbursement this Period

78.50

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Lassers, Harold, , ,**

Mailing Address 4678 Arthur Court

City  
WilliamsburgState  
MIZip Code  
49690Purpose of Disbursement  
new batteries for office phones

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		07		2018

FEC Identification Number

**C****Transaction ID : SB21B.6965**

Amount of Each Disbursement this Period

28.61

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085Purpose of Disbursement  
phone service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		26		2018

FEC Identification Number

**C****Transaction ID : SB21B.6899**

Amount of Each Disbursement this Period

40.24

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

147.35

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 14 OF 18

<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)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085Purpose of Disbursement  
office phone

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		27		2018

FEC Identification Number

**C****Transaction ID : SB21B.6955**

Amount of Each Disbursement this Period

40.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. OOMA Inc**

Mailing Address 525 Almanor Ave

City  
SunnyvaleState  
CAZip Code  
94085Purpose of Disbursement  
office phone service

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		26		2018

FEC Identification Number

**C****Transaction ID : SB21B.6961**

Amount of Each Disbursement this Period

40.24

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Siegle, Julia, , ,**

Mailing Address 53540 Odilon Ave

City  
Shelby TwpState  
MIZip Code  
48316Purpose of Disbursement  
intern independent contractor

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		02		2018

FEC Identification Number

**C****Transaction ID : SB21B.6917**

Amount of Each Disbursement this Period

250.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

330.48

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 15 OF 18

<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)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Siegle, Julia, , ,**

Mailing Address 53540 Odilon Ave

City  
Shelby TwpState  
MIZip Code  
48316Purpose of Disbursement  
Intern- independent contractor

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			1	3			2	0	1	8		

FEC Identification Number

**C** **Transaction ID : SB21B.6915**

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. Siegle, Julia, , ,**

Mailing Address 53540 Odilon Ave

City  
Shelby TwpState  
MIZip Code  
48316Purpose of Disbursement  
intern independent contractor

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	7			2	7			2	0	1	8		

FEC Identification Number

**C** **Transaction ID : SB21B.6922**

Amount of Each Disbursement this Period

 250.00☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Siegle, Julia, , ,**

Mailing Address 53540 Odilon Ave

City  
Shelby TwpState  
MIZip Code  
48316Purpose of Disbursement  
Intern independent contractor

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M	M	M	/	D	D	D	/	Y	Y	Y	Y	Y	Y
0	8			1	0			2	0	1	8		

FEC Identification Number

**C** **Transaction ID : SB21B.6945**

Amount of Each Disbursement this Period

 250.00☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ► 750.00

**SCHEDULE B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 16 OF 18

<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)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Siegle, Julia, , ,**

Mailing Address 53540 Odilon Ave

City  
Shelby TwpState  
MIZip Code  
48316Purpose of Disbursement  
Intern independent contractor

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		17		2018

FEC Identification Number

**C****Transaction ID : SB21B.6947**

Amount of Each Disbursement this Period

125.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Post Master**

Mailing Address 202 S. Union St

City  
Traverse CityState  
MIZip Code  
49684Purpose of Disbursement  
postage

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify)

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		28		2018

FEC Identification Number

**C****Transaction ID : SB21B.6962**

Amount of Each Disbursement this Period

6.70

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C. Wix.com**

Mailing Address 500 Terry Francois blvd

City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
website expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For:  
☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
07		27		2018

FEC Identification Number

**C****Transaction ID : SB21B.6900**

Amount of Each Disbursement this Period

111.00

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

242.70



**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 17 OF 18

<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)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. Wix.com**

Mailing Address 500 Terry Francois blvd

City  
San FranciscoState  
CAZip Code  
94158Purpose of Disbursement  
website expense

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M	/	D D	/	Y Y Y Y Y Y
08		20		2018

FEC Identification Number

**C****Transaction ID : SB21B.6956**

Amount of Each Disbursement this Period

48.96

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement 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

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House  
☐ Senate  
☐ PresidentDisbursement 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).....▶

48.96

3922.24

**SCHEDULE B (FEC Form 3X)**  
**ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 18 OF 18

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

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NAME OF COMMITTEE (In Full)

**Grand Traverse County Democratic Committee**

Full Name (Last, First, Middle Initial)

**A. The Northern Express**

Mailing Address 129 E Front St

City  
Traverse CityState  
MIZip Code  
49684Purpose of Disbursement  
Ad for Matt Morgan

004

Category/  
Type

Candidate Name

**Committee to elect Matt Morgan for Michigan**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify) ▼

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		25		2018

FEC Identification Number

C c00636324

**Transaction ID : SB30B.6951**

Amount of Each Disbursement this Period

166.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**B. US Post Master**

Mailing Address 202 S. Union St

City  
Traverse CityState  
MIZip Code  
49684Purpose of Disbursement  
postage for postcards

006

Category/  
Type

Candidate Name

**Committee to elect Matt Morgan for Michigan**Office Sought: ☒ House  
☐ Senate  
☐ President

Disbursement For: 2018

☒ Primary ☐ General  
☐ Other (specify)

State: MI District: 01

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
07		30		2018

FEC Identification Number

C c00636324

**Transaction ID : SB30B.6925**

Amount of Each Disbursement this Period

300.00

☐ Memo Item

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Category/  
TypeOffice Sought: ☐ House  
☐ Senate  
☐ President

Disbursement For:

☐ Primary ☐ General  
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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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).....▶

466.00

466.00