

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS For Other Than An Authorized Committee

Office Use Only

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

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

ADDRESS (number and street) 1600 EYE STREET NW

Check if different than previously reported. (ACC)

WASHINGTON DC 20006

2. **FEC IDENTIFICATION NUMBER** C00139519

3. IS THIS REPORT NEW (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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

(b) Monthly Report Due On:

<input type="checkbox"/> Feb 20 (M2)	<input type="checkbox"/> May 20 (M5)	<input type="checkbox"/> Aug 20 (M8)	<input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only)
<input type="checkbox"/> Mar 20 (M3)	<input type="checkbox"/> Jun 20 (M6)	<input type="checkbox"/> Sep 20 (M9)	<input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only)
<input type="checkbox"/> Apr 20 (M4)	<input checked="" type="checkbox"/> Jul 20 (M7)	<input type="checkbox"/> Oct 20 (M10)	<input type="checkbox"/> Jan 31 (YE)

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

<input type="checkbox"/> Primary (12P)	<input type="checkbox"/> General (12G)	<input type="checkbox"/> Runoff (12R)
<input type="checkbox"/> Convention (12C)	<input type="checkbox"/> Special (12G)	

Election on _____ in the State of _____

(d) 30-Day **Post -Election** Report for the:

<input type="checkbox"/> General (30G)	<input type="checkbox"/> Runoff (30R)	<input type="checkbox"/> Special (30S)
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Election on _____ in the State of _____

5. Covering Period 06 01 2009 through 06 30 2009

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 KELLEY ELIZABETH OCONNELL

Signature of Treasurer Electronically Filed by KELLEY ELIZABETH OCONNELL Date 01 04 2010

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

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2009"/>		2936.54
(b) Cash on Hand at Beginning of Reporting Period	28936.54	
(c) Total Receipts (from Line 19)	5000.00	55500.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	33936.54	58436.54
7. Total Disbursements (from Line 31)	19055.36	43555.36
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	14881.18	14881.18
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	

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

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

Report Covering the Period: From: To:

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A)	5000.00	35500.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00	35500.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	0.00	20000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	5000.00	55500.00
12. Transfers From Affiliated/Other Party Committees	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)	0.00	0.00
16. Refunds of Contributions Made to Federal candidates and Other Political Committees	0.00	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 Transfer (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))	5000.00	55500.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	5000.00	55500.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	55.36	55.36
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	55.36	55.36
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	19000.00	43500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. 441a(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.....	0.00	0.00
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	19055.36	43555.36
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	19055.36	43555.36

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	5000.00	55500.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	55500.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	55.36	55.36
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	55.36	55.36

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(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"/> 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)
MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) Robert Pisano		Date of Receipt																					
	Mailing Address 526 Amalfi Drive		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>1</td><td>0</td><td></td><td>2</td><td>0</td><td>0</td><td>9</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		1	0		2	0	0	9
	M	M	/	D	D	/	Y	Y	Y	Y														
	0	6		1	0		2	0	0	9														
	City	State	Zip Code	Transaction ID: 445																				
Pacific Palisades	CA	90272	Amount of Each Receipt this Period																					
FEC ID number of contributing federal political committee.	C		5000.00																					
Name of Employer Motion Picture Assn of America	Occupation President & COO																							
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼		5000.00																					

SUBTOTAL of Receipts This Page (optional)	5000.00
TOTAL This Period (last page this line number only)	5000.00

**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 7 / 11

<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<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)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

A.

Full Name (Last, First, Middle Initial)

PNC Bank

Mailing Address 4242 Carlisle Pike

City State Zip Code
Camp Hill PA 17011

Purpose of Disbursement
Bank fees

Candidate Name

001
Category/
Type

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Transaction ID: 30

Date of Disbursement

06 / 28 / 2009

Amount of Each Disbursement this Period

55.36

SUBTOTAL of Disbursements This Page (optional)

55.36

TOTAL This Period (last page this line number only)

55.36

**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"/> 24	<input type="checkbox"/> 25	<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)
MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) BERMAN FOR CONGRESS	Transaction ID: 138 Date of Disbursement
	Mailing Address 6380 Wilshire Blvd. #1612	<input type="text" value="06"/> <input type="text" value="11"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City Los Angeles State CA Zip Code 90048	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="2500.00"/>
	Candidate Name HOWARD L. BERMAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: CA District: 28	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS FOR HARRY REID	Transaction ID: 139 Date of Disbursement
	Mailing Address P.O. BOX 19163	<input type="text" value="06"/> <input type="text" value="25"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City LAS VEGAS State NV Zip Code 89132	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="1000.00"/>
	Candidate Name HARRY REID	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NV District: 00	Disbursement For: 2010 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) FRIENDS OF BYRON DORGAN	Transaction ID: 134 Date of Disbursement
	Mailing Address PO BOX 871	<input type="text" value="06"/> <input type="text" value="29"/> / <input type="text" value="20"/> <input type="text" value="09"/>
	City BISMARCK State ND Zip Code 58502	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="3000.00"/>
	Candidate Name BYRON L DORGAN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: ND District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

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"/> 24	<input type="checkbox"/> 25	<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)
MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) FRIENDS OF JIM CLYBURN	Transaction ID: 127 Date of Disbursement
	Mailing Address PO BOX 12567	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City COLUMBIA State SC Zip Code 29211	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="3500.00"/>
	Candidate Name JAMES E CLYBURN	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: SC District: 06	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

B.	Full Name (Last, First, Middle Initial) FRIENDS OF JOHN MCCAIN INC	Transaction ID: 129 Date of Disbursement
	Mailing Address PO BOX 16664	<input type="text" value="06"/> / <input type="text" value="24"/> / <input type="text" value="2009"/>
	City ARLINGTON State VA Zip Code 22215	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="500.00"/>
	Candidate Name JOHN S MCCAIN	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 00	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

C.	Full Name (Last, First, Middle Initial) GOOD FUND, THE	Transaction ID: 33 Date of Disbursement
	Mailing Address PO BOX 3404	<input type="text" value="06"/> / <input type="text" value="26"/> / <input type="text" value="2009"/>
	City ALEXANDRIA State VA Zip Code 22302	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to a federal committee	<input type="text" value="1500.00"/>
	Candidate Name GOOD FUND, THE	<input type="text" value="011"/> Category/Type
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="5500.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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"/> 24	<input type="checkbox"/> 25	<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)
MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) MOUNTAINEER PAC	Transaction ID: 31 Date of Disbursement
	Mailing Address 607 14TH STREET NW SUITE 800	<input type="text" value="06"/> / <input type="text" value="10"/> / <input type="text" value="2009"/>
	City WASHINGTON State DC Zip Code 20005	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="1000.00"/>
	Candidate Name MOUNTAINEER PAC	<input type="text" value="011"/> Category/Type
	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:	

B.	Full Name (Last, First, Middle Initial) NEVADA STATE DEMOCRATIC PARTY	Transaction ID: 32 Date of Disbursement
	Mailing Address 409 Horn Street	<input type="text" value="06"/> / <input type="text" value="25"/> / <input type="text" value="2009"/>
	City Las Vegas State NV Zip Code 89107	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal committee	<input type="text" value="4000.00"/>
	Candidate Name NEVADA STATE DEMOCRATIC PARTY	<input type="text" value="011"/> Category/Type
	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:	

C.	Full Name (Last, First, Middle Initial) TOM ROONEY FOR CONGRESS	Transaction ID: 125 Date of Disbursement
	Mailing Address 2336 S. East Ocean Blvd. #313	<input type="text" value="06"/> / <input type="text" value="18"/> / <input type="text" value="2009"/>
	City Stuart State FL Zip Code 34996	Amount of Each Disbursement this Period
	Purpose of Disbursement Contribution to federal candidate	<input type="text" value="1000.00"/>
	Candidate Name TOM ROONEY	<input type="text" value="011"/> Category/Type
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
	State: FL District: 16	

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="6000.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

**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 11 / 11

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)

MOTION PICTURE ASSOCIATION OF AMERICA INC POLITICAL ACTION COMMITTEE

A.	Full Name (Last, First, Middle Initial) VOLUNTEERS FOR SHIMKUS		Transaction ID: 142	
	Mailing Address PO Box 5458		Date of Disbursement 06 / 16 / 2009	
City Springfield		State IL	Zip Code 62705	
Purpose of Disbursement Contribution to federal candidate			Amount of Each Disbursement this Period 1000.00	
Candidate Name JOHN M SHIMKUS			011 Category/ Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
State: IL District: 19				

SUBTOTAL of Disbursements This Page (optional) ►

1000.00

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

1900.00