

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

FRIENDS OF BUD CRAMER

ADDRESS (number and street) ▼

P.O. Box 2621

Check if different than previously reported. (ACC)

Huntsville

AL

35804

2. **FEC IDENTIFICATION NUMBER** ▼

C C00239038

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

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

AL

05

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 Henri B. McDaniel

Signature of Treasurer Henri B. McDaniel

[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

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name
FRIENDS OF BUD CRAMER

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))....	0.00	0.00
(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)).....	0.00	0.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	2965.00	10904.65
(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)).....	2965.00	10904.65
8. Cash on Hand at Close of Reporting Period (from Line 27).....	1070361.75	
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

FRIENDS OF BUD CRAMER

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).....	0.00	0.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	0.00
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.).....	359.46	27372.23
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	359.46	27372.23

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	2965.00	10904.65
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	17000.00	105500.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	19965.00	116404.65

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1089967.29
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	359.46
25. SUBTOTAL (add Line 23 and Line 24).....	1090326.75
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	19965.00
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	1070361.75

**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 type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input checked="" 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)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt M M / D D / Y Y Y Y Y Y 01 / 15 / 2012	
Mailing Address 525 Madison Street		Transaction ID : SA15.5251	
City Huntsville	State AL	Zip Code 35801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 359.15 interest income	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 26371.92		

Full Name (Last, First, Middle Initial) Wells Fargo		Date of Receipt M M / D D / Y Y Y Y Y Y 02 / 10 / 2012	
Mailing Address 525 Madison Street		Transaction ID : SA15.5249	
City Huntsville	State AL	Zip Code 35801	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 0.31 interest income	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 26372.23		

Full Name (Last, First, Middle Initial)		Date of Receipt M M / D D / Y Y Y Y Y Y	
Mailing Address			
City	State	Zip Code	
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period	
Name of Employer	Occupation		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date		

SUBTOTAL of Receipts This Page (optional).....	359.46
TOTAL This Period (last page this line number only).....	359.46

**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 6 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)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. Melvin, Bibb, Pinson, & Segars, P.C.		Date of Disbursement M M / D D / Y Y Y Y 01 / 13 / 2012
Mailing Address 303 Williams Avenue, Suite 129		Amount of Each Disbursement this Period 2375.00 Transaction ID : SB17.5250
City Huntsville State AL Zip Code 35801	Purpose of Disbursement accounting services Candidate Name Category/Type 001	
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:	

Full Name (Last, First, Middle Initial) B. Servis First Bank		Date of Disbursement M M / D D / Y Y Y Y 03 / 02 / 2012
Mailing Address P.O. Box 18127		Amount of Each Disbursement this Period 60.00 Transaction ID : SB17.5253
City Huntsville State AL Zip Code 35804-8127	Purpose of Disbursement bank fee Candidate Name Category/Type 001	
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:	

Full Name (Last, First, Middle Initial) c. Tragedy Assistance Program for Survivors (TAPS)		Date of Disbursement M M / D D / Y Y Y Y 03 / 28 / 2012
Mailing Address 845 North Cedar Cove Rd		Amount of Each Disbursement this Period 500.00 Transaction ID : SB17.5277
City Hartselle State AL Zip Code 35640	Purpose of Disbursement contribution to charity event Candidate Name Category/Type 012	
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).....	2935.00
TOTAL This Period (last page this line number only).....	2935.00

**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 7 OF 11			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. ANNA ESHOO FOR CONGRESS		Date of Disbursement MM / DD / YYYY 02 / 29 / 2012
Mailing Address 555 CAPITOL MALL, SUITE 1425		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5265
City SACRAMENTO	State CA	
Zip Code 95814	Purpose of Disbursement contribution to candidate committee	Category/ Type 011
Candidate Name	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: CA District: 18	

Full Name (Last, First, Middle Initial) B. BETTY SUTTON FOR CONGRESS		Date of Disbursement MM / DD / YYYY 03 / 06 / 2012
Mailing Address PO BOX 14693		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5261
City COPLEY	State OH	
Zip Code 44321	Purpose of Disbursement contribution to candidate committee	Category/ Type 011
Candidate Name	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: OH District: 16	

Full Name (Last, First, Middle Initial) C. CHRIS COONS FOR DELAWARE		Date of Disbursement MM / DD / YYYY 02 / 15 / 2012
Mailing Address PO BOX 9900		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5269
City NEWARK	State DE	
Zip Code 19714	Purpose of Disbursement contribution to candidate committee	Category/ Type 011
Candidate Name	Office Sought: <input type="checkbox"/> House <input checked="" 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: DE District: 00	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 8 OF 11			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. Citizens for Altmire		Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012
Mailing Address P.O. Box 1776		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5264
City Freedom	State PA	
Zip Code 15042	Purpose of Disbursement contribution to candidate committee	Category/ Type 011
Candidate Name	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. HOYER FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 700 13TH STREET, NW SUITE 600		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5258
City WASHINGTON	State DC	
Zip Code 20005	Purpose of Disbursement contribution to candidate committee	Category/ Type 011
Candidate Name	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: MD District: 05	

Full Name (Last, First, Middle Initial) c. Jay Nixon for Governor		Date of Disbursement M M / D D / Y Y Y Y 02 / 27 / 2012
Mailing Address P.O. Box 11418		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5279
City St Louis	State MO	
Zip Code 63105	Purpose of Disbursement contribution to candidate for Governor	Category/ Type 011
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).....	3000.00
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 type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. LANGEVIN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 06 / 2012
Mailing Address 181-A KNIGHT ST		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5260
City WARWICK State RI Zip Code 02886	Purpose of Disbursement contribution to candidate committee Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: RI District: 02	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. MONTANANS FOR TESTER		Date of Disbursement M M / D D / Y Y Y Y 03 / 15 / 2012
Mailing Address PO BOX 1135		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5256
City HELENA State MT Zip Code 59624	Purpose of Disbursement contribution to candidate committee Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MT District: 00	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. MORAN FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 07 / 2012
Mailing Address 311 NORTH WASHINGTON STREET SUITE 200L		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5254
City ALEXANDRIA State VA Zip Code 22314	Purpose of Disbursement contribution to candidate committee Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: VA District: 08	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. REYES COMMITTEE, INC., THE		Date of Disbursement M M / D D / Y Y Y Y 03 / 01 / 2012
Mailing Address 1011 Montana Ave		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5267
City El Paso State TX Zip Code 79902	Purpose of Disbursement contribution to candidate committee Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 16	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. TERRI SEWELL FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 01 / 03 / 2012
Mailing Address P.O. Box 1964		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5257
City Birmingham State AL Zip Code 35201	Purpose of Disbursement contribution to candidate committee Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 07	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) C. VISCLOSKY FOR CONGRESS		Date of Disbursement M M / D D / Y Y Y Y 03 / 20 / 2012
Mailing Address P.O. Box 10003		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.5248
City Merrillville State IN Zip Code 46411	Purpose of Disbursement Contribution to candidate committee Candidate Name Category/Type 011	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IN District: 01	Disbursement For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	3000.00
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 type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF BUD CRAMER

Full Name (Last, First, Middle Initial) A. Wexler Walker PAC			Date of Disbursement M M / D D / Y Y Y Y 02 / 28 / 2012	
Mailing Address 1317 F Street Suite 600			Amount of Each Disbursement this Period 5000.00	
City Washington	State DC	Zip Code 20004	Transaction ID : SB21.5273	
Purpose of Disbursement contribution to committee		Category/ Type 011		
Candidate Name				
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.			Date of Disbursement M M / D D / Y Y Y Y	
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:			

Full Name (Last, First, Middle Initial) C.			Date of Disbursement M M / D D / Y Y Y Y	
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).....	5000.00
TOTAL This Period (last page this line number only).....	17000.00