

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
Denali Victory Fund

ADDRESS (number and street) 600 Pennsylvania Ave SE Ste 210
 Check if different than previously reported. (ACC) Washington DC 20003

2. **FEC IDENTIFICATION NUMBER** ▼ C C00544072 CITY ▲ STATE ▲ ZIP CODE ▲
3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE ▼ DISTRICT

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 M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 07 / 01 / 2014 through M M / D D / Y Y Y Y 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Type or Print Name of Treasurer Jennifer Mueller
Signature of Treasurer Jennifer Mueller [Electronically Filed] Date M M / D D / Y Y Y Y 10 / 15 / 2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
Denali Victory Fund

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))....	92500.00	138800.00
(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)).....	92500.00	138800.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	239.50	1183.62
(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)).....	239.50	1183.62
8. Cash on Hand at Close of Reporting Period (from Line 27).....	22001.38	
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

Denali Victory Fund

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).....	85000.00	112800.00
(ii) Unitemized.....	0.00	0.00
(iii) TOTAL of contributions from individuals ▶	85000.00	112800.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	7500.00	26000.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	92500.00	138800.00
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.).....	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	92500.00	138800.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	239.50	1183.62
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	77550.00	115615.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	77789.50	116798.62

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	7290.88
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	92500.00
25. SUBTOTAL (add Line 23 and Line 24).....	99790.88
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	77789.50
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	22001.38

**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 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)
Denali Victory Fund

A. Full Name (Last, First, Middle Initial)
Andrew Chase

Mailing Address 245 Saw Mill River Rd
Ste 106

City State Zip Code
Hawthorne NY 10532

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

Name of Employer Occupation
Self Artist

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2014

Transaction ID : INCA32

Amount of Each Receipt this Period
10000.00

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

Mailing Address 5115 Wilson Ln

City State Zip Code
Bethesda MD 20814

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

Name of Employer Occupation
MDV Remodeling Owner

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2014

Transaction ID : INCA33

Amount of Each Receipt this Period
10000.00

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

Mailing Address 30 Compass Rd

City State Zip Code
Ft. Lauderdale FL 33308

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

Name of Employer Occupation
Washington University Artist

Receipt For: Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 14 / 2014

Transaction ID : INCA34

Amount of Each Receipt this Period
10000.00

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

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

30000.00

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

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

FOR LINE NUMBER: PAGE 6 OF 13
(check only one)
 11a 12 11b 13a 11c 13b 11d 14 15

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NAME OF COMMITTEE (In Full)
Denali Victory Fund

A. Full Name (Last, First, Middle Initial)
Henry Goldberg

Mailing Address 30 Compass Rd

City Ft. Lauderdale State FL Zip Code 33308

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

Name of Employer The Artery Group Occupation Chairman

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014

Transaction ID : INCA35

Amount of Each Receipt this Period
10000.00

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

Mailing Address 525 W 22nd St Apt 3E

City New York State NY Zip Code 10011

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

Name of Employer The Artery Group Occupation Real Estate

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014

Transaction ID : INCA36

Amount of Each Receipt this Period
10000.00

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

Mailing Address 521 W 23rd St Apt 9F

City New York State NY Zip Code 10011

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

Name of Employer Not Employed Occupation Homemaker

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 14 / 2014

Transaction ID : INCA37

Amount of Each Receipt this Period
10000.00

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

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

30000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Denali Victory Fund

A. Full Name (Last, First, Middle Initial)
Henry Lord

Mailing Address 313 Audubon Ct

City State Zip Code
New Haven CT 06510

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

Name of Employer Occupation
Self Investor

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : IDTA2

Amount of Each Receipt this Period
5000.00

B. Full Name (Last, First, Middle Initial)
ActBlue (C00401224)

Mailing Address P.O. Box 441146

City State Zip Code
Somerville MA 02144

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

Name of Employer Occupation

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
7600.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 26 / 2014

Transaction ID : INCA42IDTA2

Amount of Each Receipt this Period
5000.00

[MEMO ITEM]

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

Mailing Address 2932 Makalei Pl

City State Zip Code
Honolulu HI 96815

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

Name of Employer Occupation
Self Nonprofit Management

Receipt For: Primary General Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 30 / 2014

Transaction ID : INCA46

Amount of Each Receipt this Period
10000.00

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

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

15000.00

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`-H9A-N5HCB

Form/Schedule: SA11AI

Transaction ID : IDTA2

Earmarked through ActBlue

Form/Schedule: SA11AI

Transaction ID: INCA42IDTA2

Contribution earmarked through ActBlue; not a contribution

**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 9 OF 13
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Denali Victory Fund

A. Full Name (Last, First, Middle Initial)
William Reeves

Mailing Address 2932 Makalei Pl

City Honolulu State HI Zip Code 96815

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

Name of Employer Self Occupation Investor

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 09 / 30 / 2014

Transaction ID : INCA45

Amount of Each Receipt this Period
10000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

10000.00

85000.00

**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 10 OF 13
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Denali Victory Fund

A. Full Name (Last, First, Middle Initial)
American Federation of State County & Municipal Employees AFL-CIO

Mailing Address 1625 L St NW

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00011114**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
2500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : INCA39

Amount of Each Receipt this Period
2500.00

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

Mailing Address 192 Lexington Ave Ste 1001

City New York State NY Zip Code 10016

FEC ID number of contributing federal political committee. **C C00348607**

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : INCA40

Amount of Each Receipt this Period
5000.00

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

Mailing Address

City State Zip Code

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

Name of Employer Occupation

Receipt For:
 Primary General
 Other (specify)

Election Cycle-to-Date

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

Amount of Each Receipt this Period

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

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

7500.00

7500.00

**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 11 OF 13		
	<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)
Denali Victory Fund

Full Name (Last, First, Middle Initial) A. ActBlue Technical Services		Date of Disbursement M M / D D / Y Y Y Y 09 / 21 / 2014
Mailing Address 366 Summer St		Amount of Each Disbursement this Period 197.50
City Somerville	State MA	
Zip Code 02144	Purpose of Disbursement Merchant Fees	Category/Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
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	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	197.50
TOTAL This Period (last page this line number only).....	197.50

**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 12 OF 13
	<input type="checkbox"/> 17 20a <input checked="" type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Denali Victory Fund

Full Name (Last, First, Middle Initial) A. Alaska Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 2602 FAIRBANKS ST		Amount of Each Disbursement this Period 61690.00 Transaction ID : EXPB30
City Anchorage	State AK Zip Code 99503	
Purpose of Disbursement Transfer	Category/Type	
Candidate Name Alaska Democratic Party	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. Alaskans for Begich 2014		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address 1231 W NORTHERN LTS #605		Amount of Each Disbursement this Period 3500.00 Transaction ID : EXPB29
City Anchorage	State AK Zip Code 99503	
Purpose of Disbursement Transfer	Category/Type	
Candidate Name Mark Begich	Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: AK District:	

Full Name (Last, First, Middle Initial) c. Alaska Democratic Party		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 2602 FAIRBANKS ST		Amount of Each Disbursement this Period 10360.00 Transaction ID : EXPB44
City Anchorage	State AK Zip Code 99503	
Purpose of Disbursement Transfer	Category/Type	
Candidate Name Alaska Democratic Party	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).....	75550.00
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 13 OF 13	
	<input type="checkbox"/> 17 20a	<input checked="" type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Denali Victory Fund

Full Name (Last, First, Middle Initial) A. Alaskans for Begich 2014			Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014	
Mailing Address 1231 W NORTHERN LTS #605			Amount of Each Disbursement this Period 2000.00	
City Anchorage	State AK	Zip Code 99503	Transaction ID : EXPB43	
Purpose of Disbursement Transfer		Category/ Type		
Candidate Name Mark Begich				
Office Sought:	<input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For:		
State: AK	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

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:		
State:	District:	<input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		

SUBTOTAL of Disbursements This Page (optional).....	2000.00
TOTAL This Period (last page this line number only).....	77550.00