

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

NICHOLAS RUIZ III FOR CONGRESS

ADDRESS (number and street) PO BOX 1372

Check if different than previously reported. (ACC) NEW SMYRNA BEACH FL 32170 -

2. **FEC IDENTIFICATION NUMBER ▼** C C00492330

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

CITY **▲** STATE **▲** ZIP CODE **▲**
 STATE **▼** DISTRICT

FL 24

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 through M M / D D / Y Y Y Y

10 / 01 / 2011 through 12 / 31 / 2011

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 Danielle Ruiz

Signature of Treasurer Danielle Ruiz

[Electronically Filed]

Date

M M / D D / Y Y Y Y

01 / 30 / 2012

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 | | | | | | | | |
|-----------------|--|--|--|--|--|--|--|--|

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
NICHOLAS RUIZ III FOR CONGRESS

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)).... | 2380.71 | 10886.71 |
| (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))..... | 2380.71 | 10886.71 |
| 7. Net Operating Expenditures | | |
| (a) Total Operating Expenditures (from Line 17) | 4497.10 | 9862.98 |
| (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))..... | 4497.10 | 9862.98 |
| 8. Cash on Hand at Close of Reporting Period (from Line 27)..... | 1023.73 | |
| 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

NICHOLAS RUIZ III FOR CONGRESS

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)..... | 550.00 | 763.93 |
| (ii) Unitemized..... | 1830.71 | 10122.78 |
| (iii) TOTAL of contributions from individuals ▶ | 2380.71 | 10886.71 |
| (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)).. | 2380.71 | 10886.71 |
| 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)..... ▶ | 2380.71 | 10886.71 |

DETAILED SUMMARY PAGE
of Disbursements

| II. DISBURSEMENTS | COLUMN A Total This Period | COLUMN B Election Cycle-to-Date |
|--|-------------------------------|------------------------------------|
| 17. OPERATING EXPENDITURES..... | 4497.10 | 9862.98 |
| 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 | 0.00 | 0.00 |
| 22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ► | 4497.10 | 9862.98 |

III. CASH SUMMARY

| | |
|---|---------|
| 23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD..... | 3140.12 |
| 24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3)..... | 2380.71 |
| 25. SUBTOTAL (add Line 23 and Line 24)..... | 5520.83 |
| 26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)..... | 4497.10 |
| 27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25)..... | 1023.73 |

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

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NAME OF COMMITTEE (In Full)
NICHOLAS RUIZ III FOR CONGRESS

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

Mailing Address 725 9th Ave
Apt# 2605

City Seattle State WA Zip Code 98104

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

Name of Employer University of Washington Occupation professor

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2011

Transaction ID : SA11AI.5288

Amount of Each Receipt this Period
500.00
ab

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

Mailing Address 6112 NW El Rey Dr.

City Camas State WA Zip Code 98607

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

Name of Employer none Occupation mom/homemaker

Receipt For: 2012
 Primary General
 Other (specify)

Election Cycle-to-Date
225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
11 / 06 / 2011

Transaction ID : SA11AI.5314

Amount of Each Receipt this Period
50.00
ab

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).....

550.00

550.00

**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 6 OF 10 | |
| | <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)
NICHOLAS RUIZ III FOR CONGRESS

| | | |
|--|---|--|
| Full Name (Last, First, Middle Initial) A. Florida Democratic Party | | Date of Disbursement M M / D D / Y Y Y Y 10 / 13 / 2011 |
| Mailing Address 214 SOUTH BRONOUGH STREET | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5442 |
| City Tallahassee | State FL | |
| Zip Code 32301 | Purpose of Disbursement state convention | Category/ Type |
| 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. Hyatt | | Date of Disbursement M M / D D / Y Y Y Y 10 / 18 / 2011 |
| Mailing Address 2799 Jefferson Davis Hwy. | | Amount of Each Disbursement this Period 823.56 Transaction ID : SB17.5454 |
| City Arlington | State VA | |
| Zip Code 22202 | Purpose of Disbursement travel | Category/ Type |
| 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) c. Hyatt | | Date of Disbursement M M / D D / Y Y Y Y 10 / 31 / 2011 |
| Mailing Address 2799 Jefferson Davis Hwy. | | Amount of Each Disbursement this Period 124.55 Transaction ID : SB17.5481 |
| City Arlington | State VA | |
| Zip Code 22202 | Purpose of Disbursement travel | Category/ Type |
| 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: | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 1348.11 |
| 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 7 OF 10 | | | |
| | <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)
NICHOLAS RUIZ III FOR CONGRESS

| | | | |
|---|--|-------------------|--|
| Full Name (Last, First, Middle Initial) A. Murphy Express | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 28 / 2011 |
| Mailing Address Store #86 | | | Amount of Each Disbursement this Period 851.64 Transaction ID : SB17.5499 |
| City New Smyrna Beach | State FL | Zip Code 32168 | |
| Purpose of Disbursement travel/fuel | | Category/ Type | |
| 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. Danielle Ruiz | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 05 / 2011 |
| Mailing Address PO 1372 | | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5482 |
| City New Smyrna Beach | State FL | Zip Code 32170 | |
| Purpose of Disbursement acct/compliance/mgmt | | Category/ Type | |
| 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) C. Danielle Ruiz | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 16 / 2011 |
| Mailing Address PO 1372 | | | Amount of Each Disbursement this Period 400.00 Transaction ID : SB17.5483 |
| City New Smyrna Beach | State FL | Zip Code 32170 | |
| Purpose of Disbursement acct/compliance/mgmt | | Category/ Type | |
| 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: | | | |

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|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 851.64 |
| 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 10 | | | |
| | <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)
NICHOLAS RUIZ III FOR CONGRESS

| | | | | | |
|---|--|-------------------|---|--|--|
| Full Name (Last, First, Middle Initial) A. Danielle Ruiz | | | Date of Disbursement M M / D D / Y Y Y Y 12 / 08 / 2011 | | |
| Mailing Address PO 1372 | | | Amount of Each Disbursement this Period 400.00 | | |
| City New Smyrna Beach | State FL | Zip Code 32170 | Transaction ID : SB17.5505 | | |
| Purpose of Disbursement acct./compliance/mgmt. | | Category/ Type | | | |
| 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. SocketLabs | | | Date of Disbursement M M / D D / Y Y Y Y 10 / 19 / 2011 | | |
| Mailing Address 650 Naamans Road, #307 | | | Amount of Each Disbursement this Period 96.84 | | |
| City Claymont | State DE | Zip Code 19703 | Transaction ID : SB17.5456 | | |
| Purpose of Disbursement email | | Category/ Type | | | |
| 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) c. SocketLabs | | | Date of Disbursement M M / D D / Y Y Y Y 11 / 21 / 2011 | | |
| Mailing Address 650 Naamans Road, #307 | | | Amount of Each Disbursement this Period 125.66 | | |
| City Claymont | State DE | Zip Code 19703 | Transaction ID : SB17.5496 | | |
| Purpose of Disbursement email | | Category/ Type | | | |
| 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: | | | | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 622.50 |
| 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 10 |
| | <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)
NICHOLAS RUIZ III FOR CONGRESS

| | | |
|---|--|---|
| Full Name (Last, First, Middle Initial) A. SocketLabs | | Date of Disbursement M M / D D / Y Y Y Y 12 / 19 / 2011 |
| Mailing Address 650 Naamans Road, #307 | | Amount of Each Disbursement this Period 79.76 |
| City Claymont | State DE | |
| Zip Code 19703 | Purpose of Disbursement email | Transaction ID : SB17.5513 |
| Candidate Name | Category/ Type | |
| 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. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011 |
| Mailing Address 4000 E. Sky Harbor Blvd. | | Amount of Each Disbursement this Period 233.40 |
| City Phoenix | State AZ | |
| Zip Code 85034 | Purpose of Disbursement airfare | Transaction ID : SB17.5452 |
| Candidate Name | Category/ Type | |
| 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) c. US Airways | | Date of Disbursement M M / D D / Y Y Y Y 10 / 17 / 2011 |
| Mailing Address 4000 E. Sky Harbor Blvd. | | Amount of Each Disbursement this Period 233.40 |
| City Phoenix | State AZ | |
| Zip Code 85034 | Purpose of Disbursement airfare | Transaction ID : SB17.5453 |
| Candidate Name | Category/ Type | |
| 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: | | |

| | |
|---|--------|
| SUBTOTAL of Disbursements This Page (optional)..... | 546.56 |
| 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 10 | | | |
| | <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)
NICHOLAS RUIZ III FOR CONGRESS

| | | |
|---|--|--|
| Full Name (Last, First, Middle Initial) A. USPS | | Date of Disbursement |
| Mailing Address online store | | M M / D D / Y Y Y Y 11 / 14 / 2011 |
| City Kansas City | State MO | Zip Code 66106 |
| Purpose of Disbursement postage | | Amount of Each Disbursement this Period 30.00 |
| Candidate Name | Category/ Type | Transaction ID : SB17.5488 |
| 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. USPS | | Date of Disbursement |
| Mailing Address online store | | M M / D D / Y Y Y Y 11 / 21 / 2011 |
| City Kansas City | State MO | Zip Code 66106 |
| Purpose of Disbursement advertising | | Amount of Each Disbursement this Period 5.59 |
| Candidate Name | Category/ Type | Transaction ID : SB17.5492 |
| 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) C. USPS | | Date of Disbursement |
| Mailing Address online store | | M M / D D / Y Y Y Y 12 / 06 / 2011 |
| City Kansas City | State MO | Zip Code 66106 |
| Purpose of Disbursement postage | | Amount of Each Disbursement this Period 30.00 |
| Candidate Name | Category/ Type | Transaction ID : SB17.5509 |
| 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: | | |

| | |
|---|---------|
| SUBTOTAL of Disbursements This Page (optional)..... | 65.59 |
| TOTAL This Period (last page this line number only)..... | 3434.40 |