



**SUMMARY PAGE**  
of Receipts and Disbursements

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name  
**BILL SHUSTER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
<b>6. Net Contributions (other than loans)</b>		
(a) Total Contributions (other than loans) (from Line 11(e))....	0.00	1402495.00
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	155650.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	0.00	1246845.00
<b>7. Net Operating Expenditures</b>		
(a) Total Operating Expenditures (from Line 17) .....	15194.36	986183.08
(b) Total Offsets to Operating Expenditures (from Line 14) .....	0.00	7348.10
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	15194.36	978834.98
<b>8. Cash on Hand at Close of Reporting Period (from Line 27) .....</b>	676352.85	
<b>9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	0.00	
<b>10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D) .....</b>	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 05/2016)

Write or Type Committee Name

**BILL SHUSTER FOR CONGRESS**

Report Covering the Period: From:  /  /  To:  /  /

<b>I. RECEIPTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Election Cycle-to-Date</b>
<b>11. CONTRIBUTIONS (other than loans) FROM:</b>		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	0.00	509370.00
(ii) Unitemized.....	0.00	1875.00
(iii) TOTAL of contributions from individuals ▶	0.00	511245.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	891250.00
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	0.00	1402495.00
<b>12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....</b>	0.00	0.00
<b>13. LOANS:</b>		
(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
<b>14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....</b>	0.00	7348.10
<b>15. OTHER RECEIPTS (Dividends, Interest, etc.) .....</b>	0.00	0.00
<b>16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶</b>	0.00	1409843.10

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3 (Revised 05/2016)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	15194.36	986183.08
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	42950.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	112700.00
(d) TOTAL CONTRIBUTION REFUNDS (add Lines 20(a), (b), and (c)).....	0.00	155650.00
21. OTHER DISBURSEMENTS .....	2100.00	145625.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	17294.36	1287458.08

**III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	693647.21
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	0.00
25. SUBTOTAL (add Line 23 and Line 24).....	693647.21
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	17294.36
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	676352.85

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

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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2018		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117689		
Candidate Name		<input type="checkbox"/> Memo Item			
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>B. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117698		
Candidate Name		<input type="checkbox"/> Memo Item			
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>C. BERKE FARAH LLP</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018		
Mailing Address 2101 L STREET NW STE. 1000			FEC Identification Number C		
City WASHINGTON	State DC	Zip Code 20037	Amount of Each Disbursement this Period 1500.00		
Purpose of Disbursement LEGAL FEES		Category/ Type 001	Transaction ID : SB17.117702		
Candidate Name		<input type="checkbox"/> Memo Item			
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	4500.00
<b>TOTAL</b> 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 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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117690		
Candidate Name		Memo Item <input type="checkbox"/>			
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>B. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 13 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117699		
Candidate Name		Memo Item <input type="checkbox"/>			
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>C. ELECTEKUSA</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018		
Mailing Address PO BOX 23715			FEC Identification Number C		
City CHAGRIN FALLS	State OH	Zip Code 44023	Amount of Each Disbursement this Period 800.00		
Purpose of Disbursement SOFTWARE		Category/ Type 001	Transaction ID : SB17.117703		
Candidate Name		Memo Item <input type="checkbox"/>			
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2400.00
<b>TOTAL</b> 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 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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. MARYLAND UNEMPLOYMENT INSURANCE FUND</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2018		
Mailing Address PO BOX 1844			FEC Identification Number C		
City BALTIMORE	State MD	Zip Code 21203	Amount of Each Disbursement this Period 224.72		
Purpose of Disbursement TAXES		Category/ Type 001	Transaction ID : SB17.117694		
Candidate Name		<input type="checkbox"/> Memo Item			
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>B. MARYLAND UNEMPLOYMENT INSURANCE FUND</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018		
Mailing Address PO BOX 1844			FEC Identification Number C		
City BALTIMORE	State MD	Zip Code 21203	Amount of Each Disbursement this Period 35.00		
Purpose of Disbursement TAXES		Category/ Type 001	Transaction ID : SB17.117704		
Candidate Name		<input type="checkbox"/> Memo Item			
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>C. PROFESSIONAL DATA SERVICES</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 02 / 2018		
Mailing Address 824 S MILLEDGE AVE STE 101			FEC Identification Number C		
City ATHENS	State GA	Zip Code 30605	Amount of Each Disbursement this Period 1701.41		
Purpose of Disbursement COMPLIANCE CONSULTING		Category/ Type 001	Transaction ID : SB17.117691		
Candidate Name		<input type="checkbox"/> Memo Item			
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	1961.13
<b>TOTAL</b> 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 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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial)  
**A. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE  
STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE CONSULTING  Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
08 / 02 / 2018

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.117696

Memo Item

Full Name (Last, First, Middle Initial)  
**B. PROFESSIONAL DATA SERVICES**

Mailing Address 824 S MILLEDGE AVE  
STE 101

City ATHENS State GA Zip Code 30605

Purpose of Disbursement COMPLIANCE CONSULTING  Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
09 / 05 / 2018

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.117705

Memo Item

Full Name (Last, First, Middle Initial)  
**C. RED MAVERICK MEDIA LLC**

Mailing Address 401 N. SECOND STREET

City HARRISBURG State PA Zip Code 17101

Purpose of Disbursement DOMAIN RENEWALS  Category/Type

Candidate Name

Office Sought:  House  Senate  President Disbursement For:  Primary  General  Other (specify) ▼

State: District:

Date of Disbursement: M M / D D / Y Y Y Y  
08 / 02 / 2018

FEC Identification Number:

Amount of Each Disbursement this Period:

Transaction ID : SB17.117697

Memo Item

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

**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 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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 18 / 2018		
Mailing Address 1100 LOGAN BLVD					
City ALTOONA	State PA	Zip Code 16602	FEC Identification Number C		
Purpose of Disbursement BANK FEES		Category/ Type 001	Amount of Each Disbursement this Period 80.00		
Candidate Name		Transaction ID : SB17.117695			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 08 / 14 / 2018		
Mailing Address 1100 LOGAN BLVD					
City ALTOONA	State PA	Zip Code 16602	FEC Identification Number C		
Purpose of Disbursement BANK FEES		Category/ Type 001	Amount of Each Disbursement this Period 80.00		
Candidate Name		Transaction ID : SB17.117700			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>C. S&amp;T BANK</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 18 / 2018		
Mailing Address 1100 LOGAN BLVD					
City ALTOONA	State PA	Zip Code 16602	FEC Identification Number C		
Purpose of Disbursement BANK FEES		Category/ Type 001	Amount of Each Disbursement this Period 80.00		
Candidate Name		Transaction ID : SB17.117707			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	240.00
<b>TOTAL</b> 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 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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. STRAUSSER, WILLIAM, , MR.,</b>			Date of Disbursement M M / D D / Y Y Y Y 07 / 01 / 2018		
Mailing Address PO BOX 1023					
City ALTOONA	State PA	Zip Code 16603	FEC Identification Number C		
Purpose of Disbursement FIELD CONSULTING		Category/ Type 001	Amount of Each Disbursement this Period 2500.00		
Candidate Name		Transaction ID : SB17.117688			
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) ▼		<input type="checkbox"/> Memo Item		
State: _____	District: _____				

Full Name (Last, First, Middle Initial) <b>B.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		<input type="checkbox"/> Memo Item			
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>C.</b>			Date of Disbursement M M / D D / Y Y Y Y		
Mailing Address					
City	State	Zip Code	FEC Identification Number C		
Purpose of Disbursement		Category/ Type	Amount of Each Disbursement this Period		
Candidate Name		<input type="checkbox"/> Memo Item			
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>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2500.00
<b>TOTAL</b> This Period (last page this line number only).....▶	15194.36

**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)  
**BILL SHUSTER FOR CONGRESS**

Full Name (Last, First, Middle Initial) <b>A. DREAMS GO ON TRAIL RIDE</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2018	
Mailing Address C/O BETSY LEHMAN 315 QUINCE COURT			FEC Identification Number C	
City HOLLIDAYSBURG	State PA	Zip Code 16648	Amount of Each Disbursement this Period 100.00	
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : SB21.117706	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>B. NORTHEAST ILLINOIS COUNCIL</b>			Date of Disbursement M M / D D / Y Y Y Y 09 / 05 / 2018	
Mailing Address 850 FOREST EDGE DR			FEC Identification Number C	
City VERNON HILLS	State IL	Zip Code 60061	Amount of Each Disbursement this Period 2000.00	
Purpose of Disbursement DONATION		Category/ Type 012	Transaction ID : SB21.117701	
Candidate Name		Memo Item <input type="checkbox"/>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2018 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) <b>C.</b>			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement		Category/ Type	Memo Item <input type="checkbox"/>	
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:				

<b>SUBTOTAL</b> of Disbursements This Page (optional).....▶	2100.00
<b>TOTAL</b> This Period (last page this line number only).....▶	2100.00