

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

MO - Political Action Committee of the Missouri Hospital Association

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="2015"/>	<input type="text" value="36116.55"/>	<input type="text" value="36116.55"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="41509.83"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="4717.91"/>	<input type="text" value="10111.19"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="46227.74"/>	<input type="text" value="46227.74"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="1900.00"/>	<input type="text" value="1900.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="44327.74"/>	<input type="text" value="44327.74"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

MO - Political Action Committee of the Missouri Hospital Association

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).....	3799.82	7074.82
(ii) Unitemized	912.42	3025.18
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	4712.24	10100.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	4712.24	10100.00
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.).....	5.67	11.19
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 Transfers (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))..... ▶	4717.91	10111.19
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	4717.91	10111.19

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated 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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	1900.00	1900.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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) Allocated 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)) ..	1900.00	1900.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	1900.00	1900.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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)	4712.24	10100.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	4712.24	10100.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <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)
MO - Political Action Committee of the Missouri Hospital Association

Full Name (Last, First, Middle Initial) A. Mr. Mathew C. Reidhead			Date of Receipt MM / DD / YYYY 08 / 31 / 2015 Transaction ID : 22680708		
Mailing Address 108 Elm Drive			Amount of Each Receipt this Period 225.00		
City Hermann	State MO	Zip Code 65041-1754			
FEC ID number of contributing federal political committee. C					
Name of Employer Missouri Hospital Association		Occupation			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00			

Full Name (Last, First, Middle Initial) B. Ms. Theresa J. Roark			Date of Receipt MM / DD / YYYY 11 / 09 / 2015 Transaction ID : 22790157		
Mailing Address 2644 Jennifer Drive			Amount of Each Receipt this Period 68.75		
City Jefferson City	State MO	Zip Code 65101-3997			
FEC ID number of contributing federal political committee. C					
Name of Employer Missouri Hospital Association		Occupation Senior Vice President, Data & Informat			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 206.25			

Full Name (Last, First, Middle Initial) C. Ms. Theresa J. Roark			Date of Receipt MM / DD / YYYY 12 / 07 / 2015 Transaction ID : 22850289		
Mailing Address 2644 Jennifer Drive			Amount of Each Receipt this Period 68.75		
City Jefferson City	State MO	Zip Code 65101-3997			
FEC ID number of contributing federal political committee. C					
Name of Employer Missouri Hospital Association		Occupation Senior Vice President, Data & Informat			
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 275.00			

SUBTOTAL of Receipts This Page (optional).....▶	362.50
TOTAL This Period (last page this line number only).....▶	

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

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

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NAME OF COMMITTEE (In Full)
MO - Political Action Committee of the Missouri Hospital Association

A. Mr. Steven Renne
 Full Name (Last, First, Middle Initial)
 Mailing Address 1809 Blueridge Road
 City Columbia State MO Zip Code 65202-1755
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation V.P. of FRA and Children's Health Poli
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR1477293137391
 Amount of Each Receipt this Period 112.48
 P/R Deduction (\$28.13 Monthly)

B. Mr. Craig M Branum
 Full Name (Last, First, Middle Initial)
 Mailing Address 7926 Stoney Gap Road
 City Jefferson City State MO Zip Code 65101-7300
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation VP of Human Resources & Support Servic
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR1819256137391
 Amount of Each Receipt this Period 112.48
 P/R Deduction (\$28.13 Monthly)

C. Mr. Andrew B. Wheeler
 Full Name (Last, First, Middle Initial)
 Mailing Address 4708 Woods Crossing
 City Jefferson City State MO Zip Code 65109-6221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Vice President of Federal Finance
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR1926200337391
 Amount of Each Receipt this Period 112.48
 P/R Deduction (\$28.13 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	337.44
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MO - Political Action Committee of the Missouri Hospital Association

A. Ms. Jane C. Drummond
 Full Name (Last, First, Middle Initial)
 Mailing Address 3700 Chatham Drive
 City Columbia State MO Zip Code 65203-5640
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation General Counsel & V.P. of Legal Affair
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR2059773037391
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$31.25 Monthly)

B. Mr. James R. Mikes
 Full Name (Last, First, Middle Initial)
 Mailing Address 4525 Boles Road
 City Labadie State MO Zip Code 63055-1039
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR2059773137391
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$31.25 Monthly)

C. Mr. Ted Wedel
 Full Name (Last, First, Middle Initial)
 Mailing Address 1108 Vineyard Square
 City Jefferson City State MO Zip Code 65101-3559
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt
 12 / 31 / 2015
Transaction ID : PR2059773337391
 Amount of Each Receipt this Period 112.48
 P/R Deduction (\$28.13 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	362.48
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
MO - Political Action Committee of the Missouri Hospital Association

Full Name (Last, First, Middle Initial) A. Mr. Herb B Kuhn		Date of Receipt 12 / 31 / 2015 Transaction ID : PR327971737391
Mailing Address P O Box 60		Amount of Each Receipt this Period 2000.00
City Jefferson City	State MO	Zip Code 65102-0060
FEC ID number of contributing federal political committee. C		P/R Deduction (\$500.00 Monthly)
Name of Employer Missouri Hospital Association	Occupation President and Chief Executive Officer	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4000.00	

Full Name (Last, First, Middle Initial) B. Ms. Kimberly S. Duggan		Date of Receipt 12 / 31 / 2015 Transaction ID : PR328435437391
Mailing Address 1620 Dry Creek Road		Amount of Each Receipt this Period 112.48
City Jefferson City	State MO	Zip Code 65109-0464
FEC ID number of contributing federal political committee. C		P/R Deduction (\$28.13 Monthly)
Name of Employer Missouri Hospital Association	Occupation Vice President, Medical & FRA	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 225.00	

Full Name (Last, First, Middle Initial) C. Mr. Daniel R. Landon		Date of Receipt 12 / 31 / 2015 Transaction ID : PR328543737391
Mailing Address 1811 Forest Park Court		Amount of Each Receipt this Period 137.48
City Jefferson City	State MO	Zip Code 65109-9782
FEC ID number of contributing federal political committee. C		P/R Deduction (\$34.38 Monthly)
Name of Employer Missouri Hospital Association	Occupation Sr. Vice President, Governmental Relat	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 275.00	

SUBTOTAL of Receipts This Page (optional).....▶	2249.96
TOTAL This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
MO - Political Action Committee of the Missouri Hospital Association

A. Ms. Mary C. Becker
 Full Name (Last, First, Middle Initial)
 Mailing Address 7800 South Eagle Road
 City Columbia State MO Zip Code 65203-9017
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Senior VP, Commc. & Health Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 275.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR328730537391
 Amount of Each Receipt this Period 137.48
 P/R Deduction (\$34.38 Monthly)

B. Ms. Leslie Porth
 Full Name (Last, First, Middle Initial)
 Mailing Address P.O. Box 1816
 City Lake Ozark State MO Zip Code 65049-1816
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Vice President of Health Improvement
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR330701937391
 Amount of Each Receipt this Period 125.00
 P/R Deduction (\$31.25 Monthly)

C. Ms. Sharon Burnett RN, BSN, C
 Full Name (Last, First, Middle Initial)
 Mailing Address 21875 South Mount Pleasant Road
 City Hartsburg State MO Zip Code 65039-9777
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Missouri Hospital Association Occupation Vice President Clinical and Regulatory
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 225.00

Date of Receipt 12 / 31 / 2015
Transaction ID : PR555311637391
 Amount of Each Receipt this Period 112.48
 P/R Deduction (\$28.13 Monthly)

SUBTOTAL of Receipts This Page (optional).....▶	374.96
TOTAL This Period (last page this line number only).....▶	

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

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

FOR LINE NUMBER: PAGE 11 OF 12
(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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)
MO - Political Action Committee of the Missouri Hospital Association

A. Mr. Dave Dillon
Full Name (Last, First, Middle Initial)
Mailing Address 6414 Palmetto Point
City Jefferson City State MO Zip Code 65109-4109
FEC ID number of contributing federal political committee. **C**
Name of Employer Missouri Hospital Association Occupation Director of Communications
Receipt For: Primary General Other (specify) ▼
Aggregate Year-to-Date ▼ 225.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : PR694990637391
Amount of Each Receipt this Period
112.48
P/R Deduction (\$28.13 Monthly)

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) ▼
Aggregate Year-to-Date ▼

Date of Receipt
M M / 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) ▼
Aggregate Year-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).....▶	112.48
TOTAL This Period (last page this line number only).....▶	3799.82

**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)

MO - Political Action Committee of the Missouri Hospital Association

Full Name (Last, First, Middle Initial)

A. AHAPAC-American Hospital Association Federal PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		15		2015

Mailing Address 800 10th Street, N.W.
Two CityCenter, Suite 400

City Washington State DC Zip Code 20001-4956

Transaction ID : 22872138

Purpose of Disbursement
Contribution to meet Missouri's Goal

011
Category/ Type

Amount of Each Disbursement this Period

1900.00

Candidate Name

AHAPAC-American Hospital Association Federal PAC

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

Contribution to meet Missouri's Goal

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/ Type

Amount of Each Disbursement this Period

--

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For: Primary General
 Other (specify) ▼

State: District:

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

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

1900.00

1900.00
