

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

The Fund for American Exceptionalism

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="19196.95"/>	<input type="text" value="19196.95"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="15349.35"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="12405"/>	<input type="text" value="14905"/>
(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="27754.35"/>	<input type="text" value="34101.95"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8065.79"/>	<input type="text" value="14413.39"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="19688.56"/>	<input type="text" value="19688.56"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0"/>	

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)

Page 3

Write or Type Committee Name

The Fund for American Exceptionalism

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).....	7400	7400
(ii) Unitemized	5	5
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	7405	7405
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	5000	7500
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	12405	14905
12. Transfers From Affiliated/Other Party Committees.....	0	0
13. All Loans Received	0	0
14. Loan Repayments Received.....	0	0
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0	0
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0	0
17. Other Federal Receipts (Dividends, Interest, etc.).....	0	0
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0	0
(b) Levin Funds (from Schedule H5)	0	0
(c) Total Transfers (add 18(a) and 18(b))..	0	0
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	12405	14905
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	12405	14905

DETAILED SUMMARY PAGE
of Disbursements

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	0
(ii) Non-Federal Share.....	0	0
(b) Other Federal Operating Expenditures	2065.79	3413.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	2065.79	3413.39
22. Transfers to Affiliated/Other Party Committees.....	0	0
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	6000	6000
24. Independent Expenditures (use Schedule E)	0	0
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0	0
26. Loan Repayments Made.....	0	0
27. Loans Made.....	0	0
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0	0
(b) Political Party Committees	0	0
(c) Other Political Committees (such as PACs).....	0	0
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0	0
29. Other Disbursements	0	5000
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0	0
(ii) "Levin" Share.....	0	0
(b) Federal Election Activity Paid Entirely With Federal Funds	0	0
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0	0
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	8065.79	14413.39
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8065.79	14413.39

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)	12405	14905
34. Total Contribution Refunds (from Line 28(d))	0	0
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	12405	14905
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	2065.79	3413.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0	0
38. Net Operating Expenditures (subtract Line 37 from Line 36)▶	2065.79	3413.39

**SCHEDULE A (FEC Form 3X)
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 11b 11c 12
 13 14 15 16 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)
The Fund for American Exceptionalism

A. Dev A Brar
 Full Name (Last, First, Middle Initial)
 Mailing Address 1036 S Rangeline Road
 City Carmel State IN Zip Code 46032-2544
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nightingale Home Healthcare Occupation Business Management
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **5000**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
12 / 31 / 2015
Transaction ID : 531-422-c
 Amount of Each Receipt this Period
5000

B. Douglas C Gessner
 Full Name (Last, First, Middle Initial)
 Mailing Address 1111 Wagner Road
 City Glenview State IL Zip Code 60025-3218
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Kirkland & Ellis Occupation Attorney
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ **2400**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
08 / 24 / 2015
Transaction ID : 491-420-c
 Amount of Each Receipt this Period
2400

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).....▶	7400.00
TOTAL This Period (last page this line number only).....▶	7400.00

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

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

FOR LINE NUMBER: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
The Fund for American Exceptionalism

Full Name (Last, First, Middle Initial)
A. Reclaim America Pac
 Mailing Address 228 S Washington Street
 Suite 115
 City Alexandria State VA Zip Code 22314-5404
 FEC ID number of contributing federal political committee. **C** C00500025
 Name of Employer Occupation
 Receipt For:
 Primary General
 Other (specify) ▼
 Aggregate Year-to-Date ▼
 5000

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 10 / 06 / 2015
Transaction ID : 530-421-c
 Amount of Each Receipt this Period
 5000

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

Full Name (Last, First, Middle Initial)
C.
 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).....▶	5000.00
TOTAL This Period (last page this line number only).....▶	5000.00

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
The Fund for American Exceptionalism

A. Aristotle International Inc

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Compliance software fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
09 / 30 / 2015

Transaction ID : SB21B-10-431-e

Amount of Each Disbursement this Period: 600

Category/Type

B. Aristotle International Inc

Full Name (Last, First, Middle Initial)

Mailing Address 205 Pennsylvania Avenue SE

City Washington State DC Zip Code 20003-1164

Purpose of Disbursement Compliance software fee

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
11 / 27 / 2015

Transaction ID : SB21B-10-439-e

Amount of Each Disbursement this Period: 600

Category/Type

C. Salin Bank

Full Name (Last, First, Middle Initial)

Mailing Address 8455 Keystone Crossing Suite 100

City Indianapolis State IN Zip Code 46240-4303

Purpose of Disbursement Credit card payment

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement: MM / DD / YYYY
08 / 12 / 2015

Transaction ID : SB21B-532-424-e

Amount of Each Disbursement this Period: 79.72

Category/Type

SUBTOTAL of Disbursements This Page (optional)..... ▶ 1279.72

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

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
The Fund for American Exceptionalism

Full Name (Last, First, Middle Initial)

A. Salin Bank

Mailing Address 8455 Keystone Crossing
Suite 100

City Indianapolis State IN Zip Code 46240-4303

Purpose of Disbursement
Credit card payment

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		04		2015

Transaction ID : SB21B-532-426-e

Amount of Each Disbursement this Period

110

Full Name (Last, First, Middle Initial)

B. Salin Bank

Mailing Address 8455 Keystone Crossing
Suite 100

City Indianapolis State IN Zip Code 46240-4303

Purpose of Disbursement
Software fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		06		2015

Transaction ID : SB21B-532-434-e

Amount of Each Disbursement this Period

1.61

Full Name (Last, First, Middle Initial)

C. Salin Bank

Mailing Address 8455 Keystone Crossing
Suite 100

City Indianapolis State IN Zip Code 46240-4303

Purpose of Disbursement
Software fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		22		2015

Transaction ID : SB21B-532-435-e

Amount of Each Disbursement this Period

4.16

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

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

115.77

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**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
The Fund for American Exceptionalism

Full Name (Last, First, Middle Initial)

A. Salin Bank

Mailing Address 8455 Keystone Crossing
Suite 100

City Indianapolis State IN Zip Code 46240-4303

Purpose of Disbursement
Software fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

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

Transaction ID : SB21B-532-436-e

Amount of Each Disbursement this Period

4.16

Full Name (Last, First, Middle Initial)

B. Salin Bank

Mailing Address 8455 Keystone Crossing
Suite 100

City Indianapolis State IN Zip Code 46240-4303

Purpose of Disbursement
Software fee

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
12 / 30 / 2015

Transaction ID : SB21B-532-437-e

Amount of Each Disbursement this Period

4.16

Full Name (Last, First, Middle Initial)

C. The Prosper Group

Mailing Address 1001 Commerce Pkwy E Drive
Suite C

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Computer expenses

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Category/
Type

Date of Disbursement

M M M / D D D / Y Y Y Y Y Y
08 / 26 / 2015

Transaction ID : SB21B-535-433-e

Amount of Each Disbursement this Period

375

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

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

383.32

**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 checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
The Fund for American Exceptionalism

Full Name (Last, First, Middle Initial)

A. The Prosper Group

Mailing Address 1001 Commerce Pkwy E Drive
Suite C

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Computer expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
09 / 16 / 2015

Transaction ID : SB21B-535-429-e

Amount of Each Disbursement this Period

37.5

Category/
Type

Full Name (Last, First, Middle Initial)

B. The Prosper Group

Mailing Address 1001 Commerce Pkwy E Drive
Suite C

City Greenwood State IN Zip Code 46143

Purpose of Disbursement
Computer expense

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /
09 / 30 / 2015

Transaction ID : SB21B-535-432-e

Amount of Each Disbursement this Period

37.5

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

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

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

75.00

1853.81

**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)
The Fund for American Exceptionalism

Full Name (Last, First, Middle Initial)

A. Committee to Elect Martha Lake Mayor

Mailing Address 1040 S Webster Street

City Kokomo State IN Zip Code 46902-6355

Purpose of Disbursement
State/local political

011
Category/
Type

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
10 / 15 / 2015

Transaction ID : SB23-537-438-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

B. Marco Rubio for President

Mailing Address PO Box 558701

City Miami State FL Zip Code 33255-8701

Purpose of Disbursement
Political contribution

011
Category/
Type

Candidate Name

Marco Rubio

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
08 / 26 / 2015

Transaction ID : SB23-533-425-e

Amount of Each Disbursement this Period

1000

Full Name (Last, First, Middle Initial)

C. Marco Rubio for President

Mailing Address PO Box 558701

City Miami State FL Zip Code 33255-8701

Purpose of Disbursement
Political contribution

011
Category/
Type

Candidate Name

Marco Rubio

Office Sought: House Senate President
State: District:

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

MM / DD / YYYY
09 / 13 / 2015

Transaction ID : SB23-533-428-e

Amount of Each Disbursement this Period

1700

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

3700.00

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

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)
The Fund for American Exceptionalism

Full Name (Last, First, Middle Initial)

A. Marco Rubio for President

Mailing Address PO Box 558701

City Miami State FL Zip Code 33255-8701

Purpose of Disbursement
political

011

Candidate Name
Marco Rubio

Category/
Type

Office Sought: House
 Senate
 President

Disbursement For: 2016
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09	/	30	/	2015

Transaction ID : SB23-533-430-e

Amount of Each Disbursement this Period

2300

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

Amount of Each Disbursement this Period

--

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

2300.00

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

6000.00
