

**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

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

ADDRESS (number and street)

421 OFFICE PARK DR

Check if different
than previously
reported. (ACC)

MOUNTAIN BROOK

AL

35223

CITY ▲

STATE ▲

ZIP CODE ▲

2. FEC IDENTIFICATION NUMBER ▼

C C00898403

3. IS THIS
REPORTNEW
(N)

OR

AMENDED
(A)

STATE ▼ DISTRICT

KY

00

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
04 / 01 / 2026

through

M M / D D / Y Y Y Y
06 / 30 / 2026

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 GLAZE, KAYLA, , ,

Signature of Treasurer

GLAZE, KAYLA, , ,

Date

M M / D D / Y Y Y Y
07 / 14 / 2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

Office
Use
Only**FEC FORM 3**
(Revised 05/2016)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	4		0	1		2	0	2	6

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

	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))....	2200.00	17477.69
(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))	2200.00	17477.69
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	194.72	5604.20
(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))	194.72	5604.20
8. Cash on Hand at Close of Reporting Period (from Line 27)	59009.07	
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Report Covering the Period:

From:

MM / DD / YYYY
04 / 01 / 2026

To:

MM / DD / YYYY
06 / 30 / 2026**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).....

300.00

2164.00

(ii) Unitemized

1900.00

15313.69

(iii) TOTAL of contributions
from individuals ▶

2200.00

17477.69

(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))..

2200.00

17477.69

12. TRANSFERS FROM OTHER
AUTHORIZED COMMITTEES

6766.20

47135.58

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)..... ▶

8966.20

64613.27

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	194.72	5604.20
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) ►	194.72	5604.20

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	50237.59
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	8966.20
25. SUBTOTAL (add Line 23 and Line 24).....	59203.79
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	194.72
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	59009.07

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 5 OF 11

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026Full Name (Last, First, Middle Initial)
WINRED**A.**Mailing Address 1603 CAPITOL AVE
SUITE 413-B562City
CHEYENNEState
WYZip Code
82001-4569FEC ID number of contributing
federal political committee.**C** C00694323

Name of Employer

Occupation

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

18245.69

Date of Receipt

M M	/	D D	/	Y Y Y Y
06		30		2026

Transaction ID : SA11C.889831

Amount of Each Receipt this Period

2271.00

☒ Memo Item
CONTRIBUTIONSEE ATTRIBUTION BELOW FOR ALL DONORS
ABOVE ITEMIZATION THRESHOLDFull Name (Last, First, Middle Initial)
SMITH, THOMAS, STUART, ,**B.**

Mailing Address 5619 BORDLEY

City
HOUSTONState
TXZip Code
77056-2329FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

RETIRED

RETIRED

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

600.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		07		2026

Transaction ID : SA11A.889846

Amount of Each Receipt this Period

250.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

Full Name (Last, First, Middle Initial)
WILLIAMS, ANGELA, , ,**C.**

Mailing Address 1545 N OCEAN WAY

City
PALM BEACHState
FLZip Code
33480-3050FEC ID number of contributing
federal political committee.**C**

Name of Employer

Occupation

SELF EMPLOYED

OWNER OF BUSINESS

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

820.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
04		22		2026

Transaction ID : SA11A.889926

Amount of Each Receipt this Period

20.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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

270.00

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

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 6 OF 11

☒ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
12	13a	13b	14	

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Full Name (Last, First, Middle Initial)

WILLIAMS, ANGELA, , ,

A. Mailing Address 1545 N OCEAN WAY

City

PALM BEACH

State

FL

Zip Code

33480-3050

FEC ID number of contributing
federal political committee.

C

Name of Employer
SELF EMPLOYEDOccupation
OWNER OF BUSINESS

Receipt For: 2026

☐ Primary ☒ General
☐ Other (specify) ▼

Election Cycle-to-Date ▼

820.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	6		2	0	2	6

Transaction ID : SA11A.889998

Amount of Each Receipt this Period

30.00

☐ Memo Item
CONTRIBUTION

EARMARKED FROM WINRED

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item

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) ▼

Election Cycle-to-Date ▼

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y

Amount of Each Receipt this Period

☐ Memo Item**SUBTOTAL** of Receipts This Page (optional)..... ▶**TOTAL** This Period (last page this line number only)..... ▶

30.00

300.00

SCHEDULE A (FEC Form 3)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 7 OF 11

☐ 11a	☐ 11b	☐ 11c	☐ 11d	☐ 15
☒ 12	☐ 13a	☐ 13b	☐ 14	☐ 15

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Full Name (Last, First, Middle Initial)

ONE TEAM SENATE MAJORITY

A.

Mailing Address 421 OFFICE PARK DRIVE

City

MOUNTAIN BRK

State

AL

Zip Code

35223-2411

FEC ID number of contributing
federal political committee.**C** C00897918

Name of Employer

Occupation

Receipt For: 2026

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

26891.33

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	6		0	2		2	0	2	6

Transaction ID : SA12.850329

Amount of Each Receipt this Period

6766.20

☐ Memo Item

TRANSFER

TRANSFER OF JOINT FUNDRAISING PROCEEDS

B.

Full Name (Last, First, Middle Initial)

COLBURN, RICHARD, , ,

Mailing Address 555 SKOKIE BLVD
STE 555

City

NORTHBROOK

State

IL

Zip Code

60062-2854

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

Name of Employer

PAYROLL & INSURANCE GROUP, INC.

Occupation

VICE PRESIDENT - EXECUTIVE

Receipt For: 2026

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	5		0	5		2	0	2	6

Transaction ID : SA12.850331

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

C.

Full Name (Last, First, Middle Initial)

MACNEIL, DAVID, , MR.,

Mailing Address 1940 S OCEAN BLVD

City

MANALAPAN

State

FL

Zip Code

33462-6219

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

Name of Employer

WEATHERTECH

Occupation

CEO

Receipt For: 2026

☐ Primary☒ General☐ Other (specify) ▼

Election Cycle-to-Date ▼

3500.00

Date of Receipt

M	M	/	D	D	/	Y	Y	Y	Y
0	2		1	3		2	0	2	6

Transaction ID : SA12.850330

Amount of Each Receipt this Period

3500.00

☒ Memo Item

TRANSFER

JFC ATTRIB: ONE TEAM SENATE MAJORITY

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

6766.20

6766.20

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 8 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
☐ 20a	☐ 20b	☐ 20c	☐ 21

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	4		0	6		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

1.37

Transaction ID : SB17.01

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	4		1	3		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

15.27

Transaction ID : SB17.02

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	4		2	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

41.33

Transaction ID : SB17.03

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

57.97

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	4		2	7		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

27.40

Transaction ID : SB17.04

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	5		0	4		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

15.72

Transaction ID : SB17.05

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	5		1	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

15.88

Transaction ID : SB17.06

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

59.00

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 10 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	5		1	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

8.50

Transaction ID : SB17.07

☐ Memo Item

Full Name (Last, First, Middle Initial)

B. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	5		2	1		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

20.97

Transaction ID : SB17.08

☐ Memo Item

Full Name (Last, First, Middle Initial)

C. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

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
0	5		2	8		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

18.28

Transaction ID : SB17.09

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

47.75

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

SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 11 OF 11

☒ 17	☐ 18	☐ 19a	☐ 19b
20a	20b	20c	21

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NAME OF COMMITTEE (In Full)

BARR FOR KY SENATE REPUBLICAN NOMINEE FUND 2026

Full Name (Last, First, Middle Initial)

A. WINRED TECHNICAL SERVICES LLCMailing Address 1603 CAPITOL AVE
STE 413-B561City
CHEYENNEState
WYZip Code
82001Purpose of Disbursement
CREDIT CARD PROCESSING FEES

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y
0	6		3	0		2	0	2	6

FEC Identification Number

C

Amount of Each Disbursement this Period

30.00

Transaction ID : SB17.10

☐ Memo Item

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:

☐	House
☐	Senate
☐	President

Disbursement For:

☐	Primary	☐	General
☐	Other (specify) ▼		

State:

District:

Category/
Type

Date of Disbursement

M	M	/	D	D	/	Y	Y	Y	Y

FEC Identification Number

C

Amount of Each Disbursement this Period

☐ Memo Item**SUBTOTAL** of Disbursements This Page (optional).....▶

30.00

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

194.72