

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

ADDRESS (number and street) 401 9th Street, NW
Suite 900
Washington DC 20004
 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00602805 3. IS THIS REPORT NEW (N) OR AMENDED (A)

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)
 July 31 Mid-Year Report (Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day PRE-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on **11** / **06** / **2018** in the State of **DC**
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period **10** / **01** / **2018** through **10** / **17** / **2018**

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Jackson, Carlos, , ,

Type or Print Name of Treasurer

Signature of Treasurer *Jackson, Carlos, , ,* [Electronically Filed] Date **01** / **30** / **2019**

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

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="2018"/>	<input type="text" value=""/>	<input type="text" value="49955.36"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="78638.33"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="845.02"/>	<input type="text" value="45165.12"/>
(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="79483.35"/>	<input type="text" value="95120.48"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="8034.95"/>	<input type="text" value="23672.08"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71448.40"/>	<input type="text" value="71448.40"/>
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

Write or Type Committee Name

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

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).....	845.02	44314.64
(ii) Unitemized	0.00	850.48
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	845.02	45165.12
(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)	845.02	45165.12
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.).....	0.00	0.00
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)).....▶	845.02	45165.12
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	845.02	45165.12

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	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	34.95	1172.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	34.95	1172.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8000.00	22500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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 (Including Non-Federal Donations).....	0.00	0.00
30. Federal Election Activity (52 U.S.C. § 30101(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)) ..	8034.95	23672.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	8034.95	23672.08

DETAILED SUMMARY PAGE
of Disbursements

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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)	845.02	45165.12
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	845.02	45165.12
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	34.95	1172.08
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	34.95	1172.08

**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 11
<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)
America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

A. Graziano, Carl, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 2008 Watkins Way

City Mount Airy	State MD	Zip Code 21771-3744
--------------------	-------------	------------------------

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

Name of Employer (for Individual) America's Essential Hospitals	Occupation (for Individual) Director of Communications
--------------------------------------------------------------------	-----------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
761.92

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2018

Transaction ID : 983DCFDEC2484B25B872

Amount of Each Receipt this Period
47.62

Memo Item

B. Jackson, Carlos, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1762 Redwood Ter NW

City Washington	State DC	Zip Code 20012-1055
--------------------	-------------	------------------------

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

Name of Employer (for Individual) America's Essential Hospitals	Occupation (for Individual) VP, Legislative Affairs
--------------------------------------------------------------------	--------------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
240.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	15	/	2018

Transaction ID : 587701AE497A4E5DB57E

Amount of Each Receipt this Period
80.00

Memo Item

C. Novak, Candace, , ,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 4559 Whispering Oak Trl

City Cincinnati	State OH	Zip Code 45247-6075
--------------------	-------------	------------------------

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

Name of Employer (for Individual) UC Health	Occupation (for Individual) Vice President of Government Relations
------------------------------------------------	-----------------------------------------------------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	03	/	2018

Transaction ID : 86E9278A352840E88ADA

Amount of Each Receipt this Period
500.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	627.62
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 11
<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)
America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

A. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
Siegel, Bruce, , ,

Mailing Address 5802 Johnson Ave

City Bethesda	State MD	Zip Code 20817-3416
------------------	-------------	------------------------

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

Name of Employer (for Individual) America's Essential Hospitals	Occupation (for Individual) President and CEO
--------------------------------------------------------------------	--------------------------------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
3913.20

Date of Receipt

M M	/	D D	/	Y Y Y Y
10		15		2018

Transaction ID : 9386ECF8EDC14F8BB009

Amount of Each Receipt this Period
217.40

Memo Item

B. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

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

Amount of Each Receipt this Period

Memo Item

C. Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address

City	State	Zip Code
------	-------	----------

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

Name of Employer (for Individual)	Occupation (for Individual)
-----------------------------------	-----------------------------

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-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).....	217.40
TOTAL This Period (last page this line number only).....	845.02

**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"/> 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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Bank of America

Mailing Address 730 15th Street, NW

City
Washington

State
DC

Zip Code
20004

Purpose of Disbursement
Bank fee - October

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Transaction ID : F3DE748EDD
Amount of Each Disbursement this Period

Memo Item

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
State: District:

Disbursement For:
 Primary General
 Other (specify)

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

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

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"/> 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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Friends Of Sherrod Brown

Mailing Address PO Box 15293

City
Washington

State
DC

Zip Code
20003

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Brown, Sherrod, Campbell, ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: OH

District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00264697

Transaction ID : BF99D56707

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Georgians For Isakson

Mailing Address Post Office Box 250116

City
Atlanta

State
GA

Zip Code
30325

Purpose of Disbursement
2022 Primary

011

Category/
Type

Candidate Name

Isakson, Johnny, H., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2022

Primary General
 Other (specify)

State: GA

District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00384693

Transaction ID : 600F1D215D7

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Matsui For Congress

Mailing Address PO Box 1738

City
Sacramento

State
CA

Zip Code
95812

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Matsui, Doris, O., ,

Office Sought:

House
 Senate
 President

Disbursement For: 2018

Primary General
 Other (specify) ▼

State: CA

District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00409219

Transaction ID : 263F3C83A2

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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"/> 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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Pallone For Congress

Mailing Address PO Box 3176

City Long Branch State NJ Zip Code 07740

Purpose of Disbursement 2018 General

011
Category/
Type

Candidate Name
Pallone, Frank, , Jr.

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: NJ District: 06

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00226928

Transaction ID : A256A3BDC6

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Terri Sewell For Congress

Mailing Address PO Box 1964

City Birmingham State AL Zip Code 35201

Purpose of Disbursement 2018 General

011
Category/
Type

Candidate Name
Sewell, Terri, Andrea, ,

Office Sought: House Senate President
Disbursement For: 2018
 Primary General Other (specify) ▼
State: AL District: 07

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00458976

Transaction ID : 672DDAC6CE

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

C. Tim Scott For Senate

Mailing Address 1405 Ashley River Rd

City Charleston State SC Zip Code 29407-5305

Purpose of Disbursement 2022 Primary

011
Category/
Type

Candidate Name
Scott, Timothy, Eugene, ,

Office Sought: House Senate President
Disbursement For: 2022
 Primary General Other (specify) ▼
State: SC District:

Date of Disbursement

MM / DD / YYYY
10 / 16 / 2018

FEC Identification Number

C C00540302

Transaction ID : F75D622002I

Amount of Each Disbursement this Period

1000.00

Memo Item

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

3000.00

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"/> 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)

America's Essential Hospitals Political Action Committee, (Essential Hospitals PAC)

Full Name (Last, First, Middle Initial)

A. Wicker For Senate

Mailing Address PO Box 64

City
Jackson

State
MS

Zip Code
39205-0064

Purpose of Disbursement
2018 General

011

Category/
Type

Candidate Name

Wicker, Roger, Frederick, ,

Office Sought: House
 Senate
 President

Disbursement For: 2018
 Primary General
 Other (specify) ▼

State: MS District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2018

FEC Identification Number

C C00443218

Transaction ID : 0E6DB006CF

Amount of Each Disbursement this Period

1000.00

Memo Item

Full Name (Last, First, Middle Initial)

B. Wyden For Senate

Mailing Address 232 NE 9Th Avenue

City
Portland

State
OR

Zip Code
97232

Purpose of Disbursement
2022 Primary

011

Category/
Type

Candidate Name

Wyden, Ron, L., ,

Office Sought: House
 Senate
 President

Disbursement For: 2022
 Primary General
 Other (specify)

State: OR District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
10		16		2018

FEC Identification Number

C C00308676

Transaction ID : AD53888845E

Amount of Each Disbursement this Period

1000.00

Memo Item

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

FEC Identification Number

C

Amount of Each Disbursement this Period

--

Memo Item

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

2000.00

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

8000.00
