PAGE 1 / 9

Image# 201507019000006535

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

FORM 3X Fo	or Other Than An Aut	horized Committee	Office	Use Only
1. NAME OF T COMMITTEE (in full)	YPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5	
AMERICAN BENEFITS	COUNCIL POLITIC	CAL ACTION COMMIT	TEE	
ADDRESS (number and street)	1501 M STREET NW SUITE 600			
Check if different than previously reported. (ACC)	WASHINGTON		DC 200	05
2. FEC IDENTIFICATION NUM	MBER ▼ CIT	Y 🛦	STATE ▲	ZIP CODE 🛦
C C00153171		S THIS NEW (N) OI	AMENDEI (A)	ס
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 X July 31 Mid-Year Report (Non-election Year Only) (MY)	Report Due On: Mar Apr (c) 12-Day PRE-Election Report for the:	20 (M2)	6) Sep 20 (M9	(Non-Election Year Only) Dec 20 (M12) (Non-Election Year Only)
Termination Report (TER)	Report for the:	n on	/ Y = Y = Y = Y	in the State of
5. Covering Period 04	01 / 2015	through 06		2015
I certify that I have examined this	•	my knowledge and belief it is	true, correct and comp	lete.
Type or Print Name of Treasurer	Ralph P. P Kass			
Signature of Treasurer Ralph I	P. P Kass	[Electronically Filed]		2015
NOTE: Submission of false, erroned	ous, or incomplete information	n may subject the person signin	g this Report to the pena	lities of 2 U.S.C. §437g.
Office Use Only			FE	C FORM 3X Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003) Page 2

Write or Type Committee Name

AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE

2015 06 30 2015 Report Covering the Period: 04 From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 37595.79 January 1, 2015 (b) Cash on Hand at 35597.26 Beginning of Reporting Period..... 7002.80 5001.33 (c) Total Receipts (from Line 19) (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 40598.59 44598.59 6(a) and 6(c) for Column B)..... 12750.00 16750.00 7. Total Disbursements (from Line 31)...... Cash on Hand at Close of 8. Reporting Period 27848.59 27848.59 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) 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

AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE

Rep	oort Covering the Period: From: 04		06 30 2015
	I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
	Contributions (other than loans) From: a) Individuals/Persons Other Than Political Committees		
	(i) Itemized (use Schedule A)	0.00	0.00
	(ii) Unitemized(iii) TOTAL (add	0.00	0.00
	Lines 11(a)(i) and (ii)▶	0.00	0.00
`	b) Political Party Committees c) Other Political Committees	0.00	0.00
((such as PACs)d) Total Contributions (add Lines	5000.00	7000.00
	11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)▶	5000.00	7000.00
	Transfers From Affiliated/Other Party Committees	0.00	0.00
13. <i>A</i>	All Loans Received	0.00	0.00
	oan Repayments Received Offsets To Operating Expenditures	0.00	0.00
(Refunds, Rebates, etc.) Carry Totals to Line 37, page 5)	0.00	0.00
t	Refunds of Contributions Made o Federal Candidates and Other Political Committees	0.00	0.00
17. (Other Federal Receipts Dividends, Interest, etc.)	1.33	2.80
18. 7	ransfers from Non-Federal and Levin Funds a) Non-Federal Account	1.35	2.00
`	(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
	otal Receipts (add Lines 11(d), 2, 13, 14, 15, 16, 17, and 18(c))▶	5001.33	7002.80
	Total Federal Receipts subtract Line 18(c) from Line 19)▶	5001.33	7002.80

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		
. Operating Expenditures: — (a) Allocated Federal/Non-Federal	Total Tillo I criod	Galeridai Tear-to-Bate		
Activity (from Schedule H4)				
(i) Federal Share	0.00	0.00		
	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	0.00	0.00		
Expenditures	0.00	0.00		
(add 21(a)(i), (a)(ii), and (b))▶	0.00	0.00		
Transfers to Affiliated/Other Party				
Committees	0.00	0.00		
Contributions to Federal Candidates/Committees				
and Other Political Committees	12750.00	16750.00		
Independent Expenditures	0.00	0.00		
(use Schedule E)	0.00	0.00		
(2 U.S.C. §441a(d)) (use Schedule F)	0.00	0.00		
(use Scriedule F)		0.00		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To: (a) Individuals/Persons Other				
Than Political Committees	0.00	0.00		
/h) Political Porty Committees	0.00	0.00		
(b) Political Party Committees	0.00	0.00		
(such as PACs)	0.00	0.00		
(0201 20 1100)	7 7			
(d) Total Contribution Refunds	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(add Lines 28(a), (b), and (c))▶	0.00	0.00		
Other Disbursements	0.00	0.00		
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	0.00	0.00		
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		
Emics 60(a)(i), 50(a)(ii) and 50(b))	7	5.00		
Total Disbursements (add Lines 21(c), 22,				
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	12750.00	16750.00		
	7	7		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)	40750.00	10772.00		
from Line 31)	12750.00	16750.00		

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
3. Total Contributions (other than loans) (from Line 11(d), page 3)	5000.00	7000.00
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	5000.00	7000.00
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00
'. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

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

	FOR	R LINE	NU	MBER	:	PAGE	Ξ	6	OF	9
Use separate schedule(s) for each category of the	(che	ck only	or	. ′						
Detailed Summary Page		11a		11b	X	11c		12		
		13		14		15		16		17

	Statements may not be sold or used by any persole name and address of any political committee to	
NAME OF COMMITTEE (In Full) AMERICAN BENEFITS COUN	CIL POLITICAL ACTION COMMIT	TTEE
Full Name (Last, First, Middle Initial) METLIFE INC. EMPLOYEES' POLIT Mailing Address 1095 AVENUE OF THE AME City NEW YORK FEC ID number of contributing federal political committee. Name of Employer Receipt For: Primary General Other (specify)		Date of Receipt 06 15 2015 Transaction ID: SA11C.4208 Amount of Each Receipt this Period 5000.00 PAC to PAC contribution
Full Name (Last, First, Middle Initial) Mailing Address		Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	State Zip Code C Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
Full Name (Last, First, Middle Initial) Mailing Address City	State Zip Code	Date of Receipt
FEC ID number of contributing federal political committee. Name of Employer	Occupation	Amount of Each Receipt this Period
Receipt For: Primary General Other (specify) ▼	Aggregate Year-to-Date ▼	
SUBTOTAL of Receipts This Page (optional)		5000.00
TOTAL This Period (last page this line number	only)	5000.00

SCHEDULE B (FEC Form 3X)	Lice congrate cohedula(s)	FOR LINE I	
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN BENEFITS COUNCIL	POLITICAL ACTION	N COMMIT	TEE
Full Name (Last, First, Middle Initial)			Data of Dishursament
A. BOEHNER FOR SPEAKER			Date of Disbursement
Mailing Address 320 FIRST ST., SE			06 04 2015
WASHINGTON	tate Zip Code DC 20003		Transaction ID : SB23.4210
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name JOHN A. BOEHNER		Category/ Type	3000.00
Office Sought: House Disbursem	nent For: 2016 Primary General Other (specify)	туре	
B. FREDERICA S. WILSON FOR CO	NGRESS		Date of Disbursement
Mailing Address 19821 NW 2ND AVENUE BOX 354			06 23 2015
,	tate Zip Code FL 33169		Transaction ID : SB23.4218
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name FREDERICA S WILSON		Category/ Type	1000.00
Office Sought: House Disbursem	eent For: 2016 Primary	71.	
Full Name (Last, First, Middle Initial) C. GUTHRIE FOR CONGRESS			Date of Disbursement
Mailing Address PO BOX 9639			06 04 2015
•	itate Zip Code KY 42102		Transaction ID : SB23.4211
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name S. BRETT HON. GUTHRIE		Category/ Type	2000.00
Senate	nent For: 2016 Primary ☐ General Other (specify) ▼		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).			6000.00

SCHEDULE B (FEC Form 3X)	Hop congrete achedulo(a)		
ITEMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the Detailed Summary Page	(check only 21b 27	one) 22 X 23 24 25 26 28a 28b 28c 29 30b
Any information copied from such Reports and Statem or for commercial purposes, other than using the nam			
NAME OF COMMITTEE (In Full) AMERICAN BENEFITS COUNCIL	POLITICAL ACTION	N COMMIT	TEE
Full Name (Last, First, Middle Initial) A. HATCH ELECTION COMMITTEE I	NC		Date of Disbursement
Mailing Address PO BOX 3986	NO		06 23 2015
City	tate Zip Code		T // ID 0000 4000
	DC 20027		Transaction ID : SB23.4220
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name ORRIN G HATCH		Category/ Type	2500.00
Office Sought: House Senate President Disbursem	ent For: 2016 Primary	1,100	
State: UT District: 00 Full Name (Last, First, Middle Initial)			
B. KENNY MARCHANT FOR CONGR	RESS		Date of Disbursement
Mailing Address PO BOX 110187			06 23 2015
CARROLLTON	tate Zip Code TX 75011		Transaction ID : SB23.4213
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name KENNY E MR. MARCHANT		Category/ Type	750.00
Office Sought: House Disbursem	ent For: 2016 Primary General Other (specify)	7,7,7	
Full Name (Last, First, Middle Initial) C. KIND FOR CONGRESS COMMITT	EE		Date of Disbursement
Mailing Address 205 5TH AVENUE SOUTH			05 04 2015
•	tate Zip Code WI 54601		Transaction ID : SB23.4209
Purpose of Disbursement Campaign contribution		011	Amount of Each Disbursement this Period
Candidate Name RONALD JAMES KIND		Category/ Type	2000.00
Senate	ent For: 2016 Primary		
SUBTOTAL of Disbursements This Page (optional) TOTAL This Period (last page this line number only).		<u> </u>	5250.00

Use separate schedule(s) for each category of the Detailed Summary Page 21	SCHEDULE B (FEC Form 3X)		FOR LINE I	NUMBER: PAGE 9 OF
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) AMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A. KLINE FOR CONGRESS Mailing Address Siso W BURNSVILLE PKWY STE 375 City State Zip Code BURNSVILLE MN 55337 Purpose of Disbursement Campaign contribution Candidate Name JOHN PAUL JR KLINE Office Sought: President Disbursement For: 2016 Full Name (Last, First, Middle Initial) Amount of Each Disbursement Candidate Name Category' Office Sought: House President State: Distinct: Q2 Full Name (Last, First, Middle Initial) State: Distinct: Senate Primary General Primary General Primary General Primary General Primary General Primary General President State: Distinct: Q2 Amount of Each Disbursement this Period Category' Type Office Sought: House Primary General Prima	TEMIZED DISBURSEMENTS		(check only 21b	one) 22 X 23 24 25 2
AMME OF COMMITTEE (In Full) AMMERICAN BENEFITS COUNCIL POLITICAL ACTION COMMITTEE Full Name (Last, First, Middle Initial) A KLINE FOR CONGRESS Mailing Address 350 W BURNSVILLE PKWY STE 375 City BURNSVILLE MN 55337 Purpose of Disbursement Campaign contribution Other (specify) Full Name (Last, First, Middle Initial) Amount of Each Disbursement Category' Type Office Sought: House Senate President State: District: 02 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Office Sought: House Senate President State: District: 02 Full Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category' Type Office Sought: House Senate President State: District: 02 Amount of Each Disbursement this Period Category' Type Office Sought: House Senate President State: District: 02 Amount of Each Disbursement this Period Category' Type Office Sought: House Senate President State: District: 02 Amount of Each Disbursement this Period Category' Type Office Sought: House Senate Primary General Candidate Name Category' Type Office Sought: House Senate Primary General District: Senate President State: District: Other (specify) Amount of Each Disbursement this Period Category' Type Office Sought: House Senate Primary General District: Senate Primary General Distri				
Mailing Address 350 W BURNSVILLE PKWY STE 375 City State BURNSVILLE MN 55337 Purpose of Disbursement Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Senate President Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Candidate Name Other (specify) ▼ Amount of Each Disbursement this Period Category/ Type Office Sought: Category/ Type Office	NAME OF COMMITTEE (In Full)			
Mailing Address 350 W BIRNSVILLE PKWY STE 375 City State Zip Code BURNSVILLE MN 55337 Pippose of Disbursement Candidate Name Office Sought:	Full Name (Last, First, Middle Initial)			
Mailing Address 369 W BURNSVILLE PKWY STE 375 City State Zip Code BURNSVILLE MN 55337 Transaction ID : \$823.4217 Amount of Each Disbursement this Period Candidate Name JOHN PAUL JR KLINE Office Sought: House Primary General	A. KLINE FOR CONGRESS			Date of Disbursement
BURNSVILLE Purpose of Disbursement Candidate Name Office Sought: Value Full Name (Last, First, Middle Initial) Candidate Name Office Sought: Value Purpose of Disbursement Candidate Name Office Sought: Value Purpose of Disbursement Candidate Name Office Sought: Value Purpose of Disbursement Candidate Name Office Sought: Value Disbursement Category/ Type Office Sought: Value Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: Full Name (Last, First, Middle Initial) Date of Disbursement Category/ Type Office Sought: Full Name Category/ Type Office Sought: Full Name Category/ Type Office Sought: Value Category/ Type Office Sought: Category/ Type Office Sought: Value Category/ Type Office Sought: Category/ Type Office Sought: Value Category/ Type Office Sought: Category/ Type Office Sought: Value Category/ Type Office Sought: Category/				
Purpose of Disbursement Campaign contribution Candidate Name JOHN PAUL JR KLINE Office Sought: House Primary General Purpose of Disbursement For: Senate Primary General Purpose of Disbursement For: Category/Type Office Sought: House Disbursement For: Primary General Purpose of Disbursement Disbursement For: Category/Type Office Sought: House Disbursement For: Primary General Purpose of Disbursement Disbursement For: Primary General Date of Disbursement Date of Disbursement Amount of Each Disbursement this Period Amount of Each Disbursement Date of				Transaction ID : SB23.4217
Candidate Name JOHN PAUL JR KLINE Office Sought:		MIN 55337		
JOHN PAUL JR KLINE Office Sought: House Disbursement For: 2016 Senate Primary General Other (specify) ▼ Pull Name (Last, First, Middle Initial) Amount of Each Disbursement this Period Category/ Type Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement Candidate Name Office Sought: House Disbursement For: General President Other (specify) ▼ Full Name (Last, First, Middle Initial) Date of Disbursement this Period Disbursement Disbursemen			011	Amount of Each Disbursement this Period
Office Sought:				1500.00
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Category/ Type Other (specify) ▼ Amount of Each Disbursement this Period Date of Disbursement Category/ Type Amount of Each Disbursement Amount of Each Disbursement Category/ Type Office Sought: House Senate Primary General Office Sought: House Primary General Office Sought: President Primary General Other (specify) ▼ State: District:	Office Sought: House Disburser Senate President	Primary	Туре	
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/Type Disbursement For: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/Type Amount of Each Disbursement Category/Type Office Sought: House Senate Primary General Other (specify) ▼ Amount of Each Disbursement this Period Category/Type Office Sought: House Primary General Other (specify) ▼ State: District: President Other (specify) ▼	Full Name (Last, First, Middle Initial)			
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Office Sought: House Senate Primary General Other (specify) ▼ Full Name (Last, First, Middle Initial) Category/Type Disbursement For: General Other (specify) ▼ Date of Disbursement Category/Type Amount of Each Disbursement this Period Date of Disbursement Category/Type Category/Type Office Sought: House Disbursement For: Gategory/Type Office Sought: House Disbursement For: General Other (specify) ▼ State: District: District: Disbursement For: General Other (specify) ▼ State: District: Dis	3.			Date of Disbursement
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Primary General Other (specify) ▼ State: District: Disbursement For: Senate Primary General Other (specify) ▼ State: District: Disbursement For: Senate Primary General Other (specify) ▼	Mailing Address			M M / D D / Y Y Y Y
Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Office Sought: House Senate Primary General Other (specify) State: District: Category/ Type Office Sought: House Senate Primary General Other (specify) State: District:	City	State Zip Code		
Candidate Name Category/ Type	Purpose of Disbursement		· · ·	Amount of Each Dichursement this Period
Senate Primary General Other (specify) ▼ State: District: Full Name (Last, First, Middle Initial) City State Zip Code Purpose of Disbursement Candidate Name Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Candidate Name			Amount of Each Dispursement this Feriou
Mailing Address City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District: Date of Disbursement Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type	Senate President	Primary General		
City State Zip Code Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼ State: District:	Full Name (Last, First, Middle Initial)			
Purpose of Disbursement Candidate Name Category/ Type Office Sought: House Senate Primary General President State: District: Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period Category/ Type Amount of Each Disbursement this Period	Mailing Address			M M / D D / Y Y Y Y
Candidate Name Category/ Type Office Sought: House Senate Primary General President Other (specify) State: District: Amount of Each Disbursement this Period	City	State Zip Code		
Category/ Type Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Purpose of Disbursement			
Office Sought: House Senate Primary General Other (specify) ▼ State: District:	Candidate Name		Category/	Amount of Each Disbursement this Period
4500.00	Senate President	Primary General	70.5	
CODITIONE OF DISDUISERHEIRS THIS LAGE (OPTIONAL)	SURTOTAL of Disburgaments This Dags (antional)			1500.00
	JOBIOTAL OF DISDUISEMENTS THIS Page (optional)		·····	