

FEC FORM 5**REPORT OF INDEPENDENT EXPENDITURES MADE AND CONTRIBUTIONS RECEIVED**

To Be Used by Persons (Other than Political Committees)

1. (a) Name of Individual, Organization or Corporation American Majority Action, Inc.	
(b) Address (number and street) <input type="checkbox"/> check if different than previously reported P.O. Box 309	
(c) City, State and ZIP Code Purcellville VA 20134	3. FEC Identification Number C C90011891
2. Occupation and Name of Employer (for Individual Filers Only)	

4. TYPE OF REPORT (check appropriate boxes):

- (a) ☐ April 15 Quarterly Report
☐ July 15 Quarterly Report ☒ 24-Hour Report
☐ October 15 Quarterly Report ☐ 48-Hour Report
☐ January 31 Year-End Report

b) Is this Report an amendment? ☒ No ☐ Yes, it amends the report filed onMM / DD / YYYY
11 / 07 / 2020

5. COVERING PERIOD:

FROM MM / DD / YYYY
10 / 21 / 2020

THROUGH MM / DD / YYYY
10 / 26 / 2020

6. TOTAL CONTRIBUTIONS..... .00

7. TOTAL INDEPENDENT EXPENDITURES 2164.22

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or any political party committee or its agent.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

SIGNATURE

DATE

[Electronically Filed]

Amorin, Kelly, , ,

Amorin, Kelly, , ,

11/08/2020

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this report to the penalties of 2 U.S.C. §437g.

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 2 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

FERELLO, SARAH, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2020

Mailing Address 201 CORNERSTONE ROAD

Amount

City	State	Zip Code
LYNCHBURG	VA	24502

Amount
40.50

Transaction ID : F57.000001

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input checked="" type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought
193.50

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

FERELLO, SARAH, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2020

Mailing Address 201 CORNERSTONE ROAD

Amount

City	State	Zip Code
LYNCHBURG	VA	24502

Amount
40.50

Transaction ID : F57.000002

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:	<input type="checkbox"/> House	State: VA
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
GADE, DANIEL, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought
193.50

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

FERELLO, SARAH, , ,

Date of Public Distribution/Dissemination

M M M	/	D D D	/	Y Y Y Y Y Y
10		21		2020

Mailing Address 201 CORNERSTONE ROAD

Amount

City	State	Zip Code
LYNCHBURG	VA	24502

Amount
27.00

Transaction ID : F57.000003

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:	<input checked="" type="checkbox"/> House	State: VA
	<input type="checkbox"/> Senate	District: 06
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
CLINE, BEN, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought
333.00

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

108.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E **ITEMIZED INDEPENDENT EXPENDITURES**

PAGE 3 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

DICKINSON, SOPHIA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 26 / 2020

Mailing Address 41317 PENCADER WAY

Amount

Amount
49.50

City State Zip Code
LEESBURG VA 20175

Transaction ID : F57.000004

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought: ☐ House State: _____
☐ Senate District: _____
☒ President

Name of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 142.50

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DICKINSON, SOPHIA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 26 / 2020

Mailing Address 41317 PENCADER WAY

Amount

Amount
49.50

City State Zip Code
LEESBURG VA 20175

Transaction ID : F57.000005

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought: ☐ House State: VA
☒ Senate District: _____
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
GADE, DANIEL, , ,Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 142.50

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

DICKINSON, SOPHIA, , ,

Date of Public Distribution/Dissemination

MM / DD / YYYY
10 / 26 / 2020

Mailing Address 41317 PENCADER WAY

Amount

Amount
99.00

City State Zip Code
LEESBURG VA 20175

Transaction ID : F57.000006

Purpose of Expenditure
PHONE BANKCategory/
Type

Office Sought: ☒ House State: VA
☐ Senate District: 10
☐ President

Name of Federal Candidate Supported or Opposed by Expenditure:
ANDREWS, ALISCIA, , ,Check One: ☒ Support ☐ Oppose

Calendar Year-To-Date Per Election
for Office Sought 285.00

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) **SUBTOTAL** of Itemized Independent Expenditures.....▶ 198.00

(b) **SUBTOTAL** of Unitemized Independent Expenditures

(c) **TOTAL** Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 4 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

ROSSIE, STEPHEN, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		26		2020

Mailing Address 513 N ARTHUR ASHE BLD #18

Amount

90.00

Transaction ID : F57.000007

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐

House

State: _____

☐

Senate

District: _____

☒

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

TRUMP, DONALD, , ,

Calendar Year-To-Date Per Election
for Office Sought

201.56

Disbursement For:

☐

Primary

2020

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

ROSSIE, STEPHEN, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		26		2020

Mailing Address 513 N ARTHUR ASHE BLVD #18

Amount

110.00

Transaction ID : F57.000008

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☐

House

State: VA

☒

Senate

District: _____

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

GADE, DANIEL, , ,

Calendar Year-To-Date Per Election
for Office Sought

221.56

Disbursement For:

☐

Primary

2020

☒

General

☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

ROSSIE, STEPHEN, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y
10		26		2020

Mailing Address 513 N ARTHUR ASHE BLVD #18

Amount

195.00

Transaction ID : F57.000009

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
Type

Office Sought:

☒

House

State: VA

☐

Senate

District: 07

☐

President

Check One:

☒

Support

☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

FREITAS, NICK, , ,

Calendar Year-To-Date Per Election
for Office Sought

418.13

Disbursement For:

☐

Primary

2020

☒

General

☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

395.00

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 5 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee
SCHERMERHORN, TRUMAN, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 24 / 2020

Mailing Address 2715 PLEASANT RUN ROAD

Amount

City State Zip Code
HENRICO VA 23233

95.00

Transaction ID : F57.000010

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

189.50

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
SCHERMERHORN, TRUMAN, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 24 / 2020

Mailing Address 2715 PLEASANT RUN ROAD

Amount

City State Zip Code
HENRICO VA 23233

95.00

Transaction ID : F57.000011

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☐ House State: VA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
GADE, DANIEL, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

189.50

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
SCHERMERHORN, TRUMAN, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 24 / 2020

Mailing Address 2715 PLEASANT RUN ROAD

Amount

City State Zip Code
HENRICO VA 23233

190.00

Transaction ID : F57.000012

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☒ House State: VA
☐ Senate District: 07
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
FREITAS, NICK, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

379.00

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 380.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 6 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee
WOLFE, WILLIAM, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 24 / 2020

Mailing Address 92 CHRISTENDOM DRIVE

Amount

City State Zip Code
FRONT ROYAL VA 22630

40.50

Transaction ID : F57.000013

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 97.50Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
WOLFE, WILLIAM, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 24 / 2020

Mailing Address 92 CHRISTENDOM DRIVE

Amount

City State Zip Code
FRONT ROYAL VA 22630

40.50

Transaction ID : F57.000014

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☐ House State: VA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
GADE, DANIEL, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 97.50Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
WOLFE, WILLIAM, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 23 / 2020

Mailing Address 92 CHRISTENDOM DRIVE

Amount

City State Zip Code
FRONT ROYAL VA 22630

27.00

Transaction ID : F57.000015

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☒ House State: VA
☐ Senate District: 06
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
CLINE, BEN, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought 55.00Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 108.00

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 7 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee
WOLFE, WILLIAM, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 24 / 2020

Mailing Address 92 CHRISTENDOM DRIVE

Amount

City State Zip Code
FRONT ROYAL VA 22630

54.00

Transaction ID : F57.000016

Purpose of Expenditure
DISTRIBUTION OF LITERATURECategory/
TypeOffice Sought: ☒ House State: VA
☐ Senate District: 10
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
ANDREWS, ALISCIA, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

54.00

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
BAER, EMILY, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2020

Mailing Address 17225 PICKWICK DRIVE

Amount

City State Zip Code
PURCELLVILLE VA 20132

141.89

Transaction ID : F57.000017

Purpose of Expenditure
TEXT BANKCategory/
TypeOffice Sought: ☐ House State: _____
☐ Senate District: _____
☒ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
TRUMP, DONALD, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

253.38

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶Full Name (Last, First, Middle Initial) of Payee
BAER, EMILY, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y
10 / 25 / 2020

Mailing Address 17225 PICKWICK DRIVE

Amount

City State Zip Code
PURCELLVILLE VA 20132

141.89

Transaction ID : F57.000018

Purpose of Expenditure
TEXT BANKCategory/
TypeOffice Sought: ☐ House State: VA
☒ Senate District: _____
☐ PresidentName of Federal Candidate Supported or Opposed by Expenditure:
GADE, DANIEL, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

253.38

Disbursement For: ☐ Primary ☒ General
2020
☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶ 337.78

(b) SUBTOTAL of Unitemized Independent Expenditures

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 8 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

AMORIN, KELLY, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 25 / 2020

Mailing Address 13505 COLESMIRE GATE WAY

Amount

244.80

Transaction ID : F57.000019

Purpose of Expenditure
TEXT BANKCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

TRUMP, DONALD, , ,

Calendar Year-To-Date Per Election
for Office Sought

244.80

Disbursement For:

☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

AMORIN, KELLY, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 25 / 2020

Mailing Address 13505 COLESMIRE GATE WAY

Amount

244.80

Transaction ID : F57.000020

Purpose of Expenditure
TEXT BANKCategory/
Type

Office Sought:

☐ House

State: VA

☒ Senate

District: _____

☐ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

GADE, DANIEL, , ,

Calendar Year-To-Date Per Election
for Office Sought

244.80

Disbursement For:

☐ Primary☒ General☐ Other (specify) ▶

Full Name (Last, First, Middle Initial) of Payee

FARRELL, LAUREN, , ,

Date of Public Distribution/Dissemination

M M / D D / Y Y Y Y Y
10 / 24 / 2020

Mailing Address 450 LEWISVILLE ROAD

Amount

73.92

Transaction ID : F57.000021

Purpose of Expenditure
TEXT BANKCategory/
Type

Office Sought:

☐ House

State: _____

☐ Senate

District: _____

☒ President

Check One:

☒ Support☐ Oppose

Name of Federal Candidate Supported or Opposed by Expenditure:

TRUMP, DONALD, , ,

Calendar Year-To-Date Per Election
for Office Sought

73.92

Disbursement For:

☐ Primary☒ General☐ Other (specify) ▶

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

563.52

(b) SUBTOTAL of Unitemized Independent Expenditures▶

(c) TOTAL Independent Expenditures.....▶

(carry total from last page forward to Line 7)

SCHEDULE 5-E
ITEMIZED INDEPENDENT EXPENDITURESPAGE 9 OF 9
FOR LINE 7 OF FORM 5

NAME OF FILER (In Full)

American Majority Action, Inc.

Full Name (Last, First, Middle Initial) of Payee

FARRELL, LAUREN, , ,

Date of Public Distribution/Dissemination

M M	/	D D	/	Y Y Y Y Y Y
10		24		2020

Mailing Address 450 LEWISVILLE ROAD

Amount

City	State	Zip Code
BERRYVILLE	VA	22611

Amount
73.92

Transaction ID : F57.000022

Purpose of Expenditure
TEXT BANKCategory/
Type

Office Sought:	<input type="checkbox"/> House	State: VA
	<input checked="" type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:
GADE, DANIEL, , ,Check One: ☒ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought
73.92

Disbursement For:	<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
2020		
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

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

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	▶ _____	

Full Name (Last, First, Middle Initial) of Payee

Date of Public Distribution/Dissemination

Mailing Address

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

Amount

City	State	Zip Code

Amount

Purpose of Expenditure

Category/
Type

Office Sought:	<input type="checkbox"/> House	State: _____
	<input type="checkbox"/> Senate	District: _____
	<input type="checkbox"/> President	

Name of Federal Candidate Supported or Opposed by Expenditure:

Check One: ☐ Support ☐ OpposeCalendar Year-To-Date Per Election
for Office Sought

Calendar Year-To-Date Per Election for Office Sought

Disbursement For:	<input type="checkbox"/> Primary	<input type="checkbox"/> General
<input type="checkbox"/> Other (specify)	▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures.....▶

73.92

(b) SUBTOTAL of Unitemized Independent Expenditures

--

(c) TOTAL Independent Expenditures.....▶
(carry total from last page forward to Line 7)

2164.22
