

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

CLAY JR. FOR CONGRESS

ADDRESS (number and street)

P.O. BOX 4544

Check if different than previously reported. (ACC)

ST. LOUIS

MO

63108

2. FEC IDENTIFICATION NUMBER

C C00346080

CITY

STATE

ZIP CODE

STATE DISTRICT

3. IS THIS REPORT

NEW (N)

OR

AMENDED (A)

MO

01

4. TYPE OF REPORT (Choose One)

(a) Quarterly Reports:

- April 15 Quarterly Report (Q1)
July 15 Quarterly Report (Q2)
[X] 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 MM/DD/YYYY in the State of

(c) 30-Day POST-Election Report for the:

- General (30G) Runoff (30R) Special (30S)
Election on MM/DD/YYYY in the State of

5. Covering Period

MM/DD/YYYY through MM/DD/YYYY
07/17/2014 through 09/30/2014

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 WILLIS LLOYD

Signature of Treasurer WILLIS LLOYD

[Electronically Filed]

Date

MM/DD/YYYY
03/12/2015

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

Table with 7 columns and 1 row for Office Use Only

SUMMARY PAGE
of Receipts and Disbursements

Write or Type Committee Name
CLAY JR. FOR CONGRESS

Report Covering the Period: From: / / To: / /

	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))....	35756.04	463445.30
(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)).....	35756.04	463445.30
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	41591.91	317428.61
(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)).....	41591.91	317428.61
8. Cash on Hand at Close of Reporting Period (from Line 27).....	257997.53	
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:

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 3 (Revised 12/2003)

Write or Type Committee Name

CLAY JR. FOR CONGRESS

Report Covering the Period: From: M M / D D / Y Y Y Y 07 / 17 / 2014 To: M M / D D / Y Y Y Y 09 / 30 / 2014

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).....	1096.04	58437.22
(ii) Unitemized.....	160.00	15850.87
(iii) TOTAL of contributions from individuals ▶	1256.04	74288.09
(b) Political Party Committees.....	0.00	2500.00
(c) Other Political Committees (such as PACs).....	34500.00	386657.21
(d) The Candidate.....	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	35756.04	463445.30
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
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	197.75
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	35756.04	463643.05

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	41591.91	317428.61
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	10000.00	23680.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	51591.91	341108.61

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	273833.40
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	35756.04
25. SUBTOTAL (add Line 23 and Line 24).....	309589.44
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	51591.91
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	257997.53

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3A
Transaction ID :

Request for Information (February 6 2015) noted 3 contributions missing from 48 hour reports. We mistakenly reported the receipt(s) of the contributions two times; once upon receipt and the other upon deposit. We inadvertently failed to report one of the contributions.

Form/Schedule:
Transaction ID:

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
ACT Blue PAC

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2381.21

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11AI.19769

Amount of Each Receipt this Period
 Contribution 48.02

B. Full Name (Last, First, Middle Initial)
ACT Blue PAC

Mailing Address P.O. Box 382110

City State Zip Code
Cambridge MA 02238

FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2429.23

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.19774

Amount of Each Receipt this Period
 Contribution 48.02

C. Full Name (Last, First, Middle Initial)
Shirley D. Brown

Mailing Address 9415 Fairhaven

City State Zip Code
Upper Marlboro MD 20772

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

Name of Employer Occupation
na na

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
250.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 28 / 2014

Transaction ID : SA11AI.19774.0

Amount of Each Receipt this Period
 Contribution 50.00

[MEMO ITEM]

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

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

96.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 31
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Paul A Brathwaite

Mailing Address 13102 Jordan Endeavor Drive

City State Zip Code
Bowie MD 20720

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

Name of Employer Podesta Group Occupation Attorney

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11Al.19500

Amount of Each Receipt this Period
 1000.00
 Contribution

B. 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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

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)

Election Cycle-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).....

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

1000.00

1096.04

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
American Association for Justice Political Action Committee

Mailing Address 1050 31st Street N.W.

City Washington State DC Zip Code 20007

FEC ID number of contributing federal political committee. **C** C00024521

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
7500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.19492

Amount of Each Receipt this Period
 Contribution 2500.00

B. Full Name (Last, First, Middle Initial)
American Federation Of State, County And Municipal Employees, AFL-CIO (D.C.)

Mailing Address 1625 L Street, N.W.

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00011114

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
8000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 09 / 2014

Transaction ID : SA11C.19498

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
American Podiatric Medical Association. Inc. PAC

Mailing Address 9312 Old Georgetown Road

City Bethesda State MD Zip Code 20814-1621

FEC ID number of contributing federal political committee. **C** C00008839

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 05 / 2014

Transaction ID : SA11C.19429

Amount of Each Receipt this Period
 Contribution 1500.00

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Assurant, Inc PAC

Mailing Address 501 West Michigan Street

City Milwaukee State WI Zip Code 53203

FEC ID number of contributing federal political committee. **C C00185694**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.19491

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
AT & T Federal PAC

Mailing Address 175 E. Houston Room 7-A-50

City San Antonio State TX Zip Code 78205

FEC ID number of contributing federal political committee. **C C00109017**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
10000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.19493

Amount of Each Receipt this Period
 Contribution 4000.00

C. Full Name (Last, First, Middle Initial)
CTIA The Wireless Association

Mailing Address 1400 16th Street NW Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C00262295**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.19494

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Cummings Inc Political Action Committee

Full Name (Last, First, Middle Initial)
Cummings Inc Political Action Committee

Mailing Address 601 Pennsylvania Avenue, NW
North Building, Suite 625

City Washington State DC Zip Code 20004

FEC ID number of contributing federal political committee. **C C00377952**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 07 / 18 / 2014

Transaction ID : SA11C.19424

Amount of Each Receipt this Period
500.00
Contribution

B. Federal Managers PAC

Full Name (Last, First, Middle Initial)
Federal Managers PAC

Mailing Address 1641 Prince Street

City Alexandria State VA Zip Code 22314

FEC ID number of contributing federal political committee. **C C00164848**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 12 / 2014

Transaction ID : SA11C.19472

Amount of Each Receipt this Period
500.00
Contribution

C. Heal PAC

Full Name (Last, First, Middle Initial)
Heal PAC

Mailing Address 230 W. McCarty Street

City Jefferson City State MO Zip Code 65109

FEC ID number of contributing federal political committee. **C C00478362**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
2000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.19496

Amount of Each Receipt this Period
1000.00
Contribution

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

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

2000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 11 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Insured Retirement Institute, Inc PAC

Mailing Address 1100 New York Avenue NW
Suite 825

City Washington State DC Zip Code 20005

FEC ID number of contributing federal political committee. **C** C00490474

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11C.19505

Amount of Each Receipt this Period
 Contribution 1000.00

B. Full Name (Last, First, Middle Initial)
J Street PAC

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11C.19475

Amount of Each Receipt this Period
 Contribution 5000.00

C. Full Name (Last, First, Middle Initial)
J Street PAC

Mailing Address PO Box 33106

City Washington State DC Zip Code 20033

FEC ID number of contributing federal political committee. **C** C00441949

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11C.19477

Amount of Each Receipt this Period
 Pass Through PAC 1000.00

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

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

7000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 12 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
John Cogan

Mailing Address 975 Memorial Drive
#802

City Cambridge State MA Zip Code 02138

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

Name of Employer Pioneer Investment Management Occupation Non Executive Chairman

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
M M / D D / Y Y Y Y
09 / 18 / 2014

Transaction ID : SA11C.19477.0

Amount of Each Receipt this Period
1000.00

Contribution
[MEMO ITEM]

B. Full Name (Last, First, Middle Initial)
Mortgage Bankers Association of America

Mailing Address 1919 Pennsylvania Avenue, N.W.

City Washington State DC Zip Code 20006

FEC ID number of contributing federal political committee. **C** C00004812

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
3500.00

Date of Receipt
M M / D D / Y Y Y Y
07 / 25 / 2014

Transaction ID : SA11C.19426

Amount of Each Receipt this Period
2500.00

Contribution

C. Full Name (Last, First, Middle Initial)
National Beer Wholesalers

Mailing Address 1100 King Street, Suite 600

City Alexandria State VA Zip Code 22314-2944

FEC ID number of contributing federal political committee. **C** C00144766

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
M M / D D / Y Y Y Y
08 / 05 / 2014

Transaction ID : SA11C.19444

Amount of Each Receipt this Period
2500.00

Contribution

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

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

5000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 13 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
National Education Association

Mailing Address 1201 16th Street, NW
SUITE 421

City Washinton State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C C30000848**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11C.19445

Amount of Each Receipt this Period
 Contribution 4000.00

B. Full Name (Last, First, Middle Initial)
Sierra Club Political Committee

Mailing Address 85 Second Street

City San Francisco State CA Zip Code 94105

FEC ID number of contributing federal political committee. **C C00135368**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 29 / 2014

Transaction ID : SA11C.19507

Amount of Each Receipt this Period
 Contribution 1000.00

C. Full Name (Last, First, Middle Initial)
STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY FEDERAL POLITICAL ACTION COMMITTEE

Mailing Address One State Farm Plaza

City Bloomington State IL Zip Code 61710

FEC ID number of contributing federal political committee. **C C00544817**

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 18 / 2014

Transaction ID : SA11C.19481

Amount of Each Receipt this Period
 Contribution 1000.00

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

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

6000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 14 OF 31
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input checked="" type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

A. Full Name (Last, First, Middle Initial)
Thompson Coburn PAC

Mailing Address 1909 K Street NW
Suite 600

City Washington State DC Zip Code 20036

FEC ID number of contributing federal political committee. **C** C00550491

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
1000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 09 / 25 / 2014

Transaction ID : SA11C.19501

Amount of Each Receipt this Period
 Contribution 1000.00

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

Mailing Address 1285 Avenue of the Americas
14th Floor

City New York State NY Zip Code 10019

FEC ID number of contributing federal political committee. **C** C00012245

Name of Employer Occupation

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
5000.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 18 / 2014

Transaction ID : SA11C.19452

Amount of Each Receipt this Period
 Contribution 2500.00

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)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period
 Contribution

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

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

3500.00

34500.00

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 15 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. ACPAC ACA INTERNATIONAL POLITICAL ACTION COMMITTEE		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 509 2nd St. NE		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.19503
City Washington State DC Zip Code 20002	Purpose of Disbursement Rental Fee	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Robyn Alexander		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 6136 Stonehendge Place		Amount of Each Disbursement this Period 575.00 Transaction ID : SB17.19488
City Rockville State MD Zip Code 20852	Purpose of Disbursement Caterer for Fundraiser	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 07 / 28 / 2014
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.19416
City Silver Spring State MD Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	875.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 16 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 08 / 21 / 2014
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.19434
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Anthony M. Alexis		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 441 Southhampton Drive		Amount of Each Disbursement this Period 150.00 Transaction ID : SB17.19435
City Silver Spring	State MD	
Zip Code 20903	Purpose of Disbursement Professional Fee: Social Media Technician	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. American Express		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 854.00 Transaction ID : SB17.19404
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Travel	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1204.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 17 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 3DNA National Builder		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 448 South Hill Street Suite 200		Amount of Each Disbursement this Period 84.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Internet Service	Candidate Name	Transaction ID : SB17.19404.0
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Benchmark Internet Group		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 10621 Callee Lee Building 141		Amount of Each Disbursement this Period 65.00
City Los Angeles	State CA Zip Code 90720	
Purpose of Disbursement Internet Service	Candidate Name	Transaction ID : SB17.19404.1
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. American Express		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 1666.97
City Fort Lauderdale	State FL Zip Code 33336-0002	
Purpose of Disbursement Travel	Candidate Name	Transaction ID : SB17.19399
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	1666.97
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 18 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Southwest Airlines		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 300.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Transaction ID : SB17.19399.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) B. 3DNA National Builder		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 448 South Hill Street Suite 200		Amount of Each Disbursement this Period 84.00
City Los Angeles	State CA	
Zip Code 90013	Purpose of Disbursement Internet Service	Transaction ID : SB17.19399.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

Full Name (Last, First, Middle Initial) c. Benchmark Internet Group		Date of Disbursement MM / DD / YYYY 08 / 19 / 2014
Mailing Address 10621 Callee Lee Building 141		Amount of Each Disbursement this Period 65.00
City Los Angeles	State CA	
Zip Code 90720	Purpose of Disbursement Internet Service	Transaction ID : SB17.19399.2
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	[MEMO ITEM]
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	0.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 19 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. American Express		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address P.O. Box 360002		Amount of Each Disbursement this Period 1653.24
City Fort Lauderdale	State FL	
Zip Code 33336-0002	Purpose of Disbursement Travel	Transaction ID : SB17.19394
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Southwest Airlines		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address P.O. Box 36647		Amount of Each Disbursement this Period 300.00
City Dallas	State TX	
Zip Code 75235	Purpose of Disbursement Travel	Transaction ID : SB17.19394.0
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. St. Louis American Foundation		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 4144 Lindell		Amount of Each Disbursement this Period 170.00
City St. Louis	State MO	
Zip Code 63108	Purpose of Disbursement Organizational Support	Transaction ID : SB17.19394.1
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2016 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	1653.24
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 20 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 3DNA National Builder		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 448 South Hill Street Suite 200		Amount of Each Disbursement this Period 84.00
City Los Angeles	State CA Zip Code 90013	
Purpose of Disbursement Internet Service	Candidate Name	Transaction ID : SB17.19394.2
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) B. Benchmark Internet Group		Date of Disbursement M M / D D / Y Y Y Y 09 / 13 / 2014
Mailing Address 10621 Callee Lee Building 141		Amount of Each Disbursement this Period 65.00
City Los Angeles	State CA Zip Code 90720	
Purpose of Disbursement Internet Service	Candidate Name	Transaction ID : SB17.19394.3
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	[MEMO ITEM]

Full Name (Last, First, Middle Initial) C. Armed Forces Retirement Home		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 3700 North Capitol Street, NW		Amount of Each Disbursement this Period 750.00
City Washington	State DC Zip Code 20011	
Purpose of Disbursement Dues	Candidate Name	Transaction ID : SB17.19471
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		
State: District:	Category/Type	

SUBTOTAL of Disbursements This Page (optional).....	750.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 21 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. AT&T		Date of Disbursement M M / D D / Y Y Y Y 07 / 22 / 2014
Mailing Address PO BOX 2969		Amount of Each Disbursement this Period 118.44
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement Telephone	Transaction ID : SB17.19414
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. AT&T		Date of Disbursement M M / D D / Y Y Y Y 08 / 18 / 2014
Mailing Address PO BOX 2969		Amount of Each Disbursement this Period 116.00
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement Telephone	Transaction ID : SB17.19436
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. AT&T		Date of Disbursement M M / D D / Y Y Y Y 09 / 14 / 2014
Mailing Address PO BOX 2969		Amount of Each Disbursement this Period 117.12
City Omaha	State NE	
Zip Code 68103	Purpose of Disbursement Telephone	Transaction ID : SB17.19474
Candidate Name	Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	351.56
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 22 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Brites World, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 10 / 2014
Mailing Address 444 M Street, SW		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.19457
City Washington State DC Zip Code 20024	Purpose of Disbursement Professional Fee: Social Media Technician	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Brites World, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 444 M Street, SW		Amount of Each Disbursement this Period 200.00 Transaction ID : SB17.19484
City Washington State DC Zip Code 20024	Purpose of Disbursement Professional Fee: Social Media Technician	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. Congressional Black Caucus Foundation		Date of Disbursement M M / D D / Y Y Y Y 08 / 06 / 2014
Mailing Address 1720 Massachusetts Ave., NW		Amount of Each Disbursement this Period 7500.00 Transaction ID : SB17.19467
City Washington State DC Zip Code 20036	Purpose of Disbursement Donation	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	7900.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 23 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Steven Engelhardt		Date of Disbursement M M / D D / Y Y Y Y 08 / 01 / 2014
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 350.00 Transaction ID : SB17.19442
City St. Louis	State MO	
Zip Code 63109	Purpose of Disbursement Professional Fee: Communications Specialist	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Steven Engelhardt		Date of Disbursement M M / D D / Y Y Y Y 09 / 04 / 2014
Mailing Address 5221 Nottingham		Amount of Each Disbursement this Period 250.00 Transaction ID : SB17.19454
City St. Louis	State MO	
Zip Code 63109	Purpose of Disbursement Professional Fee: Communication Specialist	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) c. Enterprise Leasing		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 334.00 Transaction ID : SB17.19403
City St. Louis	State MO	
Zip Code 63105-0730	Purpose of Disbursement Automobile	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
<input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	934.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 24 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Enterprise Leasing		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 334.00 Transaction ID : SB17.19461
City St.. Louis	State MO	
Zip Code 63105-0730	Purpose of Disbursement Automobile	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Enterprise Leasing		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address P.O. Box 16030		Amount of Each Disbursement this Period 334.00 Transaction ID : SB17.19456
City St.. Louis	State MO	
Zip Code 63105-0730	Purpose of Disbursement Automobile	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Fraioli & Associates		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 423 B New Jersey Avenue, SE		Amount of Each Disbursement this Period 2152.64 Transaction ID : SB17.19408
City St. Louis	State MO	
Zip Code 20003	Purpose of Disbursement Professional Fee: Fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	2820.64
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 25 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Fraioli & Associates		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 423 B New Jersey Avenue, SE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.19469
City St. Louis	State MO	
Zip Code 20003	Purpose of Disbursement Professional Fee: Fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B. Fraioli & Associates		Date of Disbursement M M / D D / Y Y Y Y 09 / 29 / 2014
Mailing Address 423 B New Jersey Avenue, SE		Amount of Each Disbursement this Period 2000.00 Transaction ID : SB17.19504
City St. Louis	State MO	
Zip Code 20003	Purpose of Disbursement Professional Fee: Fundraiser	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) c. Deneen Griffis Brown		Date of Disbursement M M / D D / Y Y Y Y 07 / 19 / 2014
Mailing Address 11409 July Drive, #404		Amount of Each Disbursement this Period 90.00 Transaction ID : SB17.19418
City Silver Spring	State MD	
Zip Code 20904	Purpose of Disbursement Professional Fee: Data Entry	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional)	4090.00
TOTAL This Period (last page this line number only)	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 26 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Law Office Of Michelle C. Clay, LLC		Date of Disbursement M M / D D / Y Y Y Y 07 / 31 / 2014
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.19417
City Silver Spring State MD Zip Code 20904	Purpose of Disbursement Professional Fee: Fundraising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. Law Office Of Michelle C. Clay, LLC		Date of Disbursement M M / D D / Y Y Y Y 08 / 31 / 2014
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.19465
City Silver Spring State MD Zip Code 20904	Purpose of Disbursement Professional Fee: Fundraising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) C. Law Office Of Michelle C. Clay, LLC		Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2014
Mailing Address 12116 Kerwood Road		Amount of Each Disbursement this Period 6000.00 Transaction ID : SB17.19487
City Silver Spring State MD Zip Code 20904	Purpose of Disbursement Professional Fee: Fundraising	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	18000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 27 OF 31	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 07 / 17 / 2014
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 382.00 Transaction ID : SB17.19415
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals while Working	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) B. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 08 / 19 / 2014
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 47.50 Transaction ID : SB17.19446
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals While Working	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

Full Name (Last, First, Middle Initial) c. National Democratic Club		Date of Disbursement M M / D D / Y Y Y Y 09 / 11 / 2014
Mailing Address 30 Ivy Street, S.E.		Amount of Each Disbursement this Period 80.00 Transaction ID : SB17.19463
City Washington State DC Zip Code 20003-4071	Purpose of Disbursement Meals While Working	
Candidate Name	Category/Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: District:		

SUBTOTAL of Disbursements This Page (optional).....	509.50
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 28 OF 31			
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial)		Date of Disbursement	
A. Petty Cash		M M / D D / Y Y Y Y 09 / 23 / 2014	
Mailing Address P.O. Box 4544		Amount of Each Disbursement this Period	
City St. Louis State MO Zip Code 63108		100.00	
Purpose of Disbursement Parking and Tips at Political Event		Transaction ID : SB17.19489	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
B. Petty Cash		M M / D D / Y Y Y Y 09 / 26 / 2014	
Mailing Address P.O. Box 4544		Amount of Each Disbursement this Period	
City St. Louis State MO Zip Code 63108		100.00	
Purpose of Disbursement Parking & Tips at Political Event		Transaction ID : SB17.19490	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

Full Name (Last, First, Middle Initial)		Date of Disbursement	
C. U.S. Postal Service		M M / D D / Y Y Y Y 07 / 31 / 2014	
Mailing Address 1720 Market Street		Amount of Each Disbursement this Period	
City St. Louis State MO Zip Code 63155		49.00	
Purpose of Disbursement Postage		Transaction ID : SB17.19413	
Candidate Name		Category/Type	
Office Sought:	House Senate President	Disbursement For: 2014	<input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)
State:	District:		

SUBTOTAL of Disbursements This Page (optional).....	249.00
TOTAL This Period (last page this line number only).....	41003.91

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 29 OF 31			
	<input type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input checked="" type="checkbox"/> 19b 21				

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. 22ND Ward Democratic Organization			Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014		
Mailing Address 5879 Martin Luther Drive			Amount of Each Disbursement this Period 1500.00		
City St. Louis	State MO	Zip Code 63112	Transaction ID : SB21.19420		
Purpose of Disbursement Donation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

Full Name (Last, First, Middle Initial) B. Ann Callis for Congress			Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014		
Mailing Address 517 Chapman Street			Amount of Each Disbursement this Period 1000.00		
City Edwardsville	State IL	Zip Code 62025	Transaction ID : SB21.19482		
Purpose of Disbursement Contribution		Category/ Type			
Candidate Name					
Office Sought:	<input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State: IL	District: 13				

Full Name (Last, First, Middle Initial) C. Citizens to Elect Hazel Erby to County Council			Date of Disbursement M M / D D / Y Y Y Y 07 / 26 / 2014		
Mailing Address 7010 Washington			Amount of Each Disbursement this Period 500.00		
City St. Louis	State MO	Zip Code 63130	Transaction ID : SB21.19410		
Purpose of Disbursement Donation		Category/ Type			
Candidate Name					
Office Sought:	<input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)			
State:	District:				

SUBTOTAL of Disbursements This Page (optional).....	3000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 30 OF 31	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Committee to Elect Frank Williamson		Date of Disbursement M M / D D / Y Y Y Y 09 / 08 / 2014
Mailing Address 5428 Clemens Place		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.19455
City St. Louis	State MO	
Zip Code 63108	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) B. Joe Adams for Missouri		Date of Disbursement M M / D D / Y Y Y Y 09 / 22 / 2014
Mailing Address 924 Wild Cherry Lane		Amount of Each Disbursement this Period 500.00 Transaction ID : SB21.19485
City University City	State MO	
Zip Code 63130	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

Full Name (Last, First, Middle Initial) C. Joshua Peters for the 76th District		Date of Disbursement M M / D D / Y Y Y Y 07 / 29 / 2014
Mailing Address 3009 Abner		Amount of Each Disbursement this Period 5000.00 Transaction ID : SB21.19412
City St. Louis	State MO	
Zip Code 63120	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	State: District:	

SUBTOTAL of Disbursements This Page (optional).....	6000.00
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 31 OF 31	
	<input type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input checked="" type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
CLAY JR. FOR CONGRESS

Full Name (Last, First, Middle Initial) A. Schupp for Senate		Date of Disbursement M M / D D / Y Y Y Y 08 / 08 / 2014
Mailing Address 418 North Mosley Road		Amount of Each Disbursement this Period 1000.00 Transaction ID : SB21.19449
City Creve Coeur	State MO	
Zip Code 63141	Purpose of Disbursement Donation	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For: 2014	<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) B.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

Full Name (Last, First, Middle Initial) C.		Date of Disbursement M M / D D / Y Y Y Y
Mailing Address		Amount of Each Disbursement this Period
City	State	
Zip Code	Purpose of Disbursement	Category/ Type
Candidate Name	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	
Disbursement For:	<input type="checkbox"/> Primary <input type="checkbox"/> General	
State: District:	Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	10000.00