



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Physician Hospitals of America Political Action Committee

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2015"/>		21087.39
(b) Cash on Hand at Beginning of Reporting Period.....	20637.39	
(c) Total Receipts (from Line 19) .....	5000.00	10250.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	25637.39	31337.39
7. Total Disbursements (from Line 31).....	2040.00	7740.00
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	23597.39	23597.39
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E Street, NW  
Washington, DC 20463  
  
Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE**  
of Receipts

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

**Physician Hospitals of America Political Action Committee**

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

I. Receipts	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
11. Contributions (other than loans) From:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	5000.00	10250.00
(ii) Unitemized .....	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	5000.00	10250.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5) .....	5000.00	10250.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received .....	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5) .....	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶	5000.00	10250.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	5000.00	10250.00

**DETAILED SUMMARY PAGE**  
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share .....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures .....	40.00	240.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....	40.00	240.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2000.00	7500.00
24. Independent Expenditures (use Schedule E) .....	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	0.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements .....	0.00	0.00
30. 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 With Federal Funds .....	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	2040.00	7740.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2040.00	7740.00

**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
33. Total Contributions (other than loans) (from Line 11(d), page 3) .....	5000.00	10250.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	5000.00	10250.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	40.00	240.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	40.00	240.00

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 6 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial)  
**A. Kansas City Orthopaedic Center of Excellence LLC**

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211-1910
-----------------	-------------	------------------------

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

Name of Employer	Occupation
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 5000.00

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : C7947757**

Amount of Each Receipt this Period  
5000.00

LLC - Members below if itemized. Permissible funds.

Full Name (Last, First, Middle Initial)  
**B. Timothy M. Badwey MD**

Mailing Address 3651 College Blvd

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.50

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : C7947760**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

Full Name (Last, First, Middle Initial)  
**C. Cris D Barnhouse MD**

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Orthopaedic & Sports Med Clinic of KC	Occupation Physician
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 291.50

Date of Receipt  
06 / 30 / 2015  
**Transaction ID : C7947765**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	5000.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 7 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Stanley A Bowling MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.50**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : C7947768**  
 Amount of Each Receipt this Period **291.50**  
**[MEMO ITEM]**  
 \*

**B. Jon E. Browne MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Orthopaedic Sports Med. Clinic Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.50**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : C7947764**  
 Amount of Each Receipt this Period **291.50**  
**[MEMO ITEM]**  
 \*

**C. Scott M Cook MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Physician  
 Receipt For:  Primary  General  Other (specify)   
 Aggregate Year-to-Date **291.50**

Date of Receipt **06 / 30 / 2015**  
**Transaction ID : C7947771**  
 Amount of Each Receipt this Period **291.50**  
**[MEMO ITEM]**  
 \*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	<b>0.00</b>
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 8 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
			<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Brian J Divelbiss MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : C7947770**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

**B. Constantine Lan Fotopoulos MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : C7947772**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

**C. Robert C Gardiner MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
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Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : C7947761**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....▶	0.00
<b>TOTAL</b> This Period (last page this line number only).....▶	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 9 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Danny M. Gurba MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : C7947759**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

**B. Lowry Jones Jr., MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
-----------------	-------------	-------------------

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

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : C7947762**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

**C. Steven T Joyce MD**  
Full Name (Last, First, Middle Initial)

Mailing Address 3651 College Blvd.

City Leawood	State KS	Zip Code 66211
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FEC ID number of contributing federal political committee. **C**

Name of Employer Dickson-Dively Midwest Orthop.	Occupation Physician
--	-------------------------

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
291.50

Date of Receipt  

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	30	/	2015

**Transaction ID : C7947763**

Amount of Each Receipt this Period  
291.50

**[MEMO ITEM]**  
\*

<b>SUBTOTAL</b> of Receipts This Page (optional).....	0.00
<b>TOTAL</b> This Period (last page this line number only).....	

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

Use separate schedule(s) for each category of the Detailed Summary Page		FOR LINE NUMBER: (check only one)	PAGE 10 OF 12
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Mark Rasmussen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3651 College Blvd.  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 291.50

Date of Receipt 06 / 30 / 2015  
**Transaction ID : C7947767**  
Amount of Each Receipt this Period 291.50  
**[MEMO ITEM]**  
\*

**B. T.J. Rasmussen MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3651 College Blvd.  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Orthopaedic & Sports Medicine Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 291.50

Date of Receipt 06 / 30 / 2015  
**Transaction ID : C7947766**  
Amount of Each Receipt this Period 291.50  
**[MEMO ITEM]**  
\*

**C. Charles E. Rhoades MD**  
Full Name (Last, First, Middle Initial)  
Mailing Address 3651 College Blvd.  
City Leawood State KS Zip Code 66211  
FEC ID number of contributing federal political committee. **C**  
Name of Employer Dickson-Dively Midwest Orthop. Occupation Physician  
Receipt For:  Primary  General  Other (specify)   
Aggregate Year-to-Date ▼ 291.50

Date of Receipt 06 / 30 / 2015  
**Transaction ID : C7947758**  
Amount of Each Receipt this Period 291.50  
**[MEMO ITEM]**  
\*

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

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

Use separate schedule(s) for each category of the Detailed Summary Page

FOR LINE NUMBER: PAGE 11 OF 12  
(check only one)  
 11a     11b     11c     12  
 13     14     15     16     17

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NAME OF COMMITTEE (In Full)  
**Physician Hospitals of America Political Action Committee**

**A. Daniel A Stechschulte Jr., MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : C7947769**  
 Amount of Each Receipt this Period  
 291.50  
**[MEMO ITEM]**  
 \*

**B. Jacob S. Stueve MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 291.50

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : C7947775**  
 Amount of Each Receipt this Period  
 291.50  
**[MEMO ITEM]**  
 \*

**C. James E. Voos MD**  
 Full Name (Last, First, Middle Initial)  
 Mailing Address 3651 College Blvd.  
 City Leawood State KS Zip Code 66211  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Kansas City Orthopaedic Institute Occupation Orthopedic Surgeon  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date ▼ 272.00

Date of Receipt  
 M M / D D / Y Y Y Y Y Y  
 06 / 30 / 2015  
**Transaction ID : C7947774**  
 Amount of Each Receipt this Period  
 272.00  
**[MEMO ITEM]**  
 \*

**SUBTOTAL** of Receipts This Page (optional)..... ▶ 0.00  
**TOTAL** This Period (last page this line number only)..... ▶ 5000.00

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

Use separate schedule(s)  
for each category of the  
Detailed Summary Page

FOR LINE NUMBER:  
(check only one)

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

**Physician Hospitals of America Political Action Committee**

Full Name (Last, First, Middle Initial)

**A. BROOKS-BUCSHON JOINT FUNDRAISING COMMITTEE**

Mailing Address 4703 WOODWAY LANE, NW

City WASHINGTON State DC Zip Code 20016

Purpose of Disbursement  
Contribution

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For: 2016  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
06	/	04	/	2015

**Transaction ID : D569186**

Amount of Each Disbursement this Period

2000.00
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**B.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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**C.**

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President

State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

2000.00
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2000.00
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