

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
CITIZENS UNITED POLITICAL VICTORY FUND

ADDRESS (number and street) 1006 PENNSYLVANIA AVE SE
 Check if different than previously reported. (ACC)
WASHINGTON DC 20003

2. **FEC IDENTIFICATION NUMBER** C00295527
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 11 28 2006 through 12 31 2006

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 Kevin Allen

Signature of Treasurer Electronically Filed by Kevin Allen Date 01 25 2007

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

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name
CITIZENS UNITED POLITICAL VICTORY FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		337.46
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	97990.99									
(c) Total Receipts (from Line 19)	31296.00	768912.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	129286.99	769249.46								
7. Total Disbursements (from Line 31)	8008.66	647971.13								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	121278.33	121278.33								
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									

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

For further information contact:

Federal Election Commission
999 E street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

**DETAILED SUMMARY PAGE
OF RECEIPTS**

Write or Type Committee Name
CITIZENS UNITED POLITICAL VICTORY FUND

Report Covering the Period: From:

M	M
1	1

D	D
2	8

Y	Y	Y	Y
2	0	0	6

 To:

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	6

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	0.00	115859.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	31296.00	653053.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	31296.00	768912.00
(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)	31296.00	768912.00
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 Transfer (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))	31296.00	768912.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	31296.00	768912.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	8008.66	176395.71
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b)).....	8008.66	176395.71
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	153452.22
24. Independent Expenditure (use Schedule E)	0.00	4500.00
25. Coordinated Expenditures Made by Party Committees (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	900.00
(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	900.00
29. Other Disbursements.....	0.00	312723.20
30. Federal Election Activity (2 U.S.C 431(20))		
(a) Shared 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))..	8008.66	647971.13
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8008.66	647971.13

DETAILED SUMMARY PAGE
of Disbursements

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)	31296.00	768912.00
34. Total Contribution Refunds (from Line 28(d))	0.00	900.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	31296.00	768012.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	8008.66	176395.71
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	8008.66	176395.71

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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

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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.81709
Mailing Address P.O. Box 53852		Date of Disbursement 12 / 01 / 2006
City Phoenix	State AZ	Zip Code 85072
Purpose of Disbursement Merchant Service Fees	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 3.09	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.81701
Mailing Address P.O. Box 53852		Date of Disbursement 12 / 04 / 2006
City Phoenix	State AZ	Zip Code 85072
Purpose of Disbursement Merchant Services Fees	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 200.00	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.81710
Mailing Address P.O. Box 53852		Date of Disbursement 12 / 04 / 2006
City Phoenix	State AZ	Zip Code 85072
Purpose of Disbursement Merchant Services Fees	001 Category/ Type	
Candidate Name	Amount of Each Disbursement this Period 9.91	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

SUBTOTAL of Disbursements This Page (optional)	213.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.81711 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 6.83
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Merchant Services Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.81703 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 5 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 2.85
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Merchant Services Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.81712 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 7 / 2 0 0 6
Mailing Address P.O. Box 53852		Amount of Each Disbursement this Period 8.61
City Phoenix State AZ Zip Code 85072	Purpose of Disbursement Merchant Services Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	18.29
TOTAL This Period (last page this line number only) ▶	(Empty box)

**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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.81713 Date of Disbursement																				
Mailing Address P.O. Box 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	1		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

18.04

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.81716 Date of Disbursement																				
Mailing Address P.O. Box 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>5</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	5		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	5		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

17.55

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.81705 Date of Disbursement																				
Mailing Address P.O. Box 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	8		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Service Fees		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

200.00

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>235.59</td></tr></table>	235.59
235.59		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

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

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

FOR LINE NUMBER:
(check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.81718 Date of Disbursement																				
Mailing Address P.O. Box 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	8		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: _____ District: _____																						

Amount of Each Disbursement this Period

13.17

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.81719 Date of Disbursement																				
Mailing Address P.O. Box 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	1		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: _____ District: _____																						

Amount of Each Disbursement this Period

10.45

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.81720 Date of Disbursement																				
Mailing Address P.O. Box 53852		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	2		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees		<table border="1"><tr><td>001</td></tr></table> Category/ Type	001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: _____ District: _____																						

Amount of Each Disbursement this Period

4.71

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>28.33</td></tr></table>	28.33
28.33		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td> </td></tr></table>	

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)

PAGE 10 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. American Express		Transaction ID: SB21B.81721	
Mailing Address P.O. Box 53852		Date of Disbursement 12 / 26 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 7.96
Purpose of Disbursement Merchant Services Fees		001 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 <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. American Express		Transaction ID: SB21B.81734	
Mailing Address P.O. Box 53852		Date of Disbursement 12 / 26 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 14.51
Purpose of Disbursement Merchant Services Fees		001 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 <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. American Express		Transaction ID: SB21B.81735	
Mailing Address P.O. Box 53852		Date of Disbursement 12 / 28 / 2006	
City Phoenix	State AZ	Zip Code 85072	Amount of Each Disbursement this Period 19.35
Purpose of Disbursement Merchant Services Fees		001 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 <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	41.82
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB21B.81708 Date of Disbursement																					
Mailing Address P.O. Box 25118		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>1</td><td>/</td><td>3</td><td>0</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	1	/	3	0	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	1	/	3	0	/	2	0	0	6														
City Tampa	State FL	Zip Code 33622-5118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Overdraft Interest Charge		Category/ Type 001	1.81																				
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 <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: SB21B.81722 Date of Disbursement																					
Mailing Address P.O. Box 25118		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>1</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	1	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	1	/	2	0	0	6														
City Tampa	State FL	Zip Code 33622-5118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Services Fees		Category/ Type 001	3064.75																				
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 <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: SB21B.81724 Date of Disbursement																					
Mailing Address P.O. Box 25118		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>1</td><td>2</td><td>/</td><td>0</td><td>6</td><td>/</td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	1	2	/	0	6	/	2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
1	2	/	0	6	/	2	0	0	6														
City Tampa	State FL	Zip Code 33622-5118	Amount of Each Disbursement this Period																				
Purpose of Disbursement Merchant Services Fees		Category/ Type 001	552.00																				
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 <input type="checkbox"/> Other (specify) ▼																						
State: District:																							

SUBTOTAL of Disbursements This Page (optional)	3618.56
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER:
(check only one)

PAGE 12 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB21B.81725	
Mailing Address P.O. Box 25118		Date of Disbursement 12 / 07 / 2006	
City Tampa	State FL	Zip Code 33622-5118	Amount of Each Disbursement this Period 110.00
Purpose of Disbursement Merchant Services Fees		001 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 <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: SB21B.81726	
Mailing Address P.O. Box 25118		Date of Disbursement 12 / 13 / 2006	
City Tampa	State FL	Zip Code 33622-5118	Amount of Each Disbursement this Period 5.00
Purpose of Disbursement Merchant Services Fees		001 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 <input type="checkbox"/> Other (specify) ▼		
State: District:			

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: SB21B.81728	
Mailing Address P.O. Box 25118		Date of Disbursement 12 / 19 / 2006	
City Tampa	State FL	Zip Code 33622-5118	Amount of Each Disbursement this Period 15.00
Purpose of Disbursement Merchant Services Fees		001 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 <input type="checkbox"/> Other (specify) ▼		
State: District:			

SUBTOTAL of Disbursements This Page (optional)	130.00
TOTAL This Period (last page this line number only)	

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB21B.81729 Date of Disbursement																				
Mailing Address P.O. Box 25118		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	1		2	0	0	6													
City Tampa	State FL	Zip Code 33622-5118																				
Purpose of Disbursement Merchant Services Fees		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>20.00</td></tr></table>	20.00																			
20.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

Full Name (Last, First, Middle Initial) B. Bank of America		Transaction ID: SB21B.81730 Date of Disbursement																				
Mailing Address P.O. Box 25118		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>6</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	6		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	6		2	0	0	6													
City Tampa	State FL	Zip Code 33622-5118																				
Purpose of Disbursement Merchant Services Fees		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>25.00</td></tr></table>	25.00																			
25.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

Full Name (Last, First, Middle Initial) C. Bank of America		Transaction ID: SB21B.81736 Date of Disbursement																				
Mailing Address P.O. Box 25118		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	8		2	0	0	6													
City Tampa	State FL	Zip Code 33622-5118																				
Purpose of Disbursement Merchant Services Fees		Amount of Each Disbursement this Period																				
Candidate Name		<table border="1"><tr><td>10.00</td></tr></table>	10.00																			
10.00																						
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type <table border="1"><tr><td>001</td></tr></table>	001																			
001																						
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																						
State:	District:																					

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>55.00</td></tr></table>	55.00
55.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)

PAGE 14 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. Bank of America		Transaction ID: SB21B.81737 Date of Disbursement																				
Mailing Address P.O. Box 25118		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>8</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	8		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	8		2	0	0	6													
City Tampa	State FL	Zip Code 33622-5118																				
Purpose of Disbursement Bank Service Charges	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

53.53

Full Name (Last, First, Middle Initial) B. Discover Network		Transaction ID: SB21B.81702 Date of Disbursement																				
Mailing Address P.O. Box 52145		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	4		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

148.45

Full Name (Last, First, Middle Initial) C. Discover Network		Transaction ID: SB21B.81723 Date of Disbursement																				
Mailing Address P.O. Box 52145		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>0</td><td>4</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		0	4		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		0	4		2	0	0	6													
City Phoenix	State AZ	Zip Code 85072																				
Purpose of Disbursement Merchant Services Fees	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						

Amount of Each Disbursement this Period

153.56

SUBTOTAL of Disbursements This Page (optional) ►

355.54

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

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

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

FOR LINE NUMBER: (check only one)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. JPMorgan Chase Bank		Transaction ID: SB21B.81698 Date of Disbursement M M / D D / Y Y Y Y 1 1 / 2 9 / 2 0 0 6
Mailing Address P.O. Box 260180		Amount of Each Disbursement this Period 50.00
City Baton Rouge State LA Zip Code 70826	Purpose of Disbursement Merchant Services Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) B. JPMorgan Chase Bank		Transaction ID: SB21B.81700 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 4 / 2 0 0 6
Mailing Address P.O. Box 260180		Amount of Each Disbursement this Period 2367.83
City Baton Rouge State LA Zip Code 70826	Purpose of Disbursement Merchant Services Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

Full Name (Last, First, Middle Initial) C. JPMorgan Chase Bank		Transaction ID: SB21B.81704 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 1 5 / 2 0 0 6
Mailing Address P.O. Box 260180		Amount of Each Disbursement this Period 594.70
City Baton Rouge State LA Zip Code 70826	Purpose of Disbursement Bank Service Fees Candidate Name	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Category/Type 001

SUBTOTAL of Disbursements This Page (optional) ▶	3012.53
TOTAL This Period (last page this line number only) ▶	[Empty Box]

**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)

PAGE 16 / 16

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input 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)
CITIZENS UNITED POLITICAL VICTORY FUND

Full Name (Last, First, Middle Initial) A. JPMorgan Chase Bank		Transaction ID: SB21B.81706 Date of Disbursement																				
Mailing Address P.O. Box 260180		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>1</td><td>9</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		1	9		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		1	9		2	0	0	6													
City Baton Rouge	State LA	Zip Code 70826																				
Purpose of Disbursement Merchant Service Fees	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>200.00</td></tr></table>	200.00																			
200.00																						

Full Name (Last, First, Middle Initial) B. JPMorgan Chase Bank		Transaction ID: SB21B.81707 Date of Disbursement																				
Mailing Address P.O. Box 260180		<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>1</td><td>2</td><td></td><td>2</td><td>2</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	1	2		2	2		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y													
1	2		2	2		2	0	0	6													
City Baton Rouge	State LA	Zip Code 70826																				
Purpose of Disbursement Merchant Service Fees	<table border="1"><tr><td>001</td></tr></table> Category/ Type		001																			
001																						
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 <input type="checkbox"/> Other (specify) ▼																					
State: District:																						
		Amount of Each Disbursement this Period <table border="1"><tr><td>100.00</td></tr></table>	100.00																			
100.00																						

SUBTOTAL of Disbursements This Page (optional) ►

300.00

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

8008.66