

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 FRIENDS OF VALENTINA E MENDOZA

ADDRESS (number and street) 653 WEST EDGAR RD #1166 LINDEN NJ 07036 CITY STATE ZIP CODE

2. FEC IDENTIFICATION NUMBER C C00912832 3. IS THIS REPORT NEW (N) OR AMENDED (A) STATE DISTRICT NJ 07

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15 Quarterly Report (Q1) July 15 Quarterly Report (Q2) October 15 Quarterly Report (Q3) January 31 Year-End Report (YE)

(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 07/21/2025 through 01/11/2026

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 mendoza, valentina, e, Signature of Treasurer mendoza, valentina, e, Date MM/DD/YYYY 01/11/2026

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. §30109.

SUMMARY PAGE
of Receipts and Disbursements

FEC Form 3 (Revised 03/2016)

Write or Type Committee Name

FRIENDS OF VALENTINA E MENDOZA

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))....	1630.00	1630.00
(b) Total Contribution Refunds (from Line 20(d))	250.00	250.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a))	1380.00	1380.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	1726.58	1726.58
(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))	1726.58	1726.58
8. Cash on Hand at Close of Reporting Period (from Line 27)	0.00	
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 the Federal Election Commission at 800-424-9530 or visit www.fec.gov.

DETAILED SUMMARY PAGE
of Receipts

FEC Form 3 (Revised 05/2016)

Write or Type Committee Name

FRIENDS OF VALENTINA E MENDOZA

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

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).....	750.00	750.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL of contributions from individuals	750.00	750.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	880.00	880.00
(d) The Candidate	0.00	0.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	1630.00	1630.00
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	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4).....	1630.00	1630.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3 (Revised 05/2016)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	1726.58	1726.58
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	250.00	250.00
(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)).....	250.00	250.00
21. OTHER DISBURSEMENTS	367.51	367.51
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	2344.09	2344.09

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	714.09
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	1630.00
25. SUBTOTAL (add Line 23 and Line 24).....	2344.09
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	2344.09
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	0.00

SCHEDULE A (FEC Form 3) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 5 OF 14
(check only one)
 11a 11b 11c 11d
12 13a 13b 14 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)
FRIENDS OF VALENTINA E MENDOZA

A. Full Name (Last, First, Middle Initial)
Healy, Christopher, R., ,

Mailing Address 3060 16th Street NW
701

City Washington State DC Zip Code 20009

FEC ID number of contributing federal political committee. C

Name of Employer Department of Justice Occupation Attorney

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
500.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 22 / 2025

Transaction ID : SA11AI.4103

Amount of Each Receipt this Period
500.00

Memo Item

B. Full Name (Last, First, Middle Initial)
Larsen, Kellie, , ,

Mailing Address 31 Brotherhood Street

City Piscataway State NJ Zip Code 08854

FEC ID number of contributing federal political committee. C

Name of Employer Self-Employed Occupation co-founder

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
250.00

Date of Receipt
M M / D D / Y Y Y Y Y Y
07 / 21 / 2025

Transaction ID : SA11AI.4101

Amount of Each Receipt this Period
250.00

Memo Item

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

Memo Item

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

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 6 OF 14	
<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)
FRIENDS OF VALENTINA E MENDOZA

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
100.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 30 / 2025

Transaction ID : SA11C.4130

Amount of Each Receipt this Period
100.00

Memo Item

Note: Above Contribution earmarked through this organization

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
150.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
07 / 31 / 2025

Transaction ID : SA11C.4129

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
160.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
08 / 01 / 2025

Transaction ID : SA11C.4128

Amount of Each Receipt this Period
10.00

Memo Item

Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	160.00
TOTAL This Period (last page this line number only)..... ▶	

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 14	
<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)
FRIENDS OF VALENTINA E MENDOZA

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
170.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 04 / 2025

Transaction ID : SA11C.4126

Amount of Each Receipt this Period
10.00

Memo Item

Note: Above Contribution earmarked through this organization

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
195.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 06 / 2025

Transaction ID : SA11C.4119

Amount of Each Receipt this Period
25.00

Memo Item

Note: Above Contribution earmarked through this organization

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
215.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2025

Transaction ID : SA11C.4124

Amount of Each Receipt this Period
20.00

Memo Item

Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	55.00
TOTAL This Period (last page this line number only)..... ▶	

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 14	
<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)
FRIENDS OF VALENTINA E MENDOZA

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
220.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 08 / 2025

Transaction ID : SA11C.4125

Amount of Each Receipt this Period
5.00

Memo Item

Note: Above Contribution earmarked through this organization

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
420.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2025

Transaction ID : SA11C.4121

Amount of Each Receipt this Period
200.00

Memo Item

Note: Above Contribution earmarked through this organization

C. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
470.00

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 08 / 09 / 2025

Transaction ID : SA11C.4122

Amount of Each Receipt this Period
50.00

Memo Item

Note: Above Contribution earmarked through this organization

SUBTOTAL of Receipts This Page (optional)..... ▶	255.00
TOTAL This Period (last page this line number only)..... ▶	

**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 14	
	<input type="checkbox"/> 11a 12	<input type="checkbox"/> 11b 13a	<input checked="" type="checkbox"/> 11c 13b	<input type="checkbox"/> 11d 14

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NAME OF COMMITTEE (In Full)
FRIENDS OF VALENTINA E MENDOZA

A. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
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Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
850.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
12	/	31	/	2025

Transaction ID : SA11C.4112

Amount of Each Receipt this Period
5.00

Memo Item
Above Contribution earmarked through this organization

B. Full Name (Last, First, Middle Initial)
ACTBLUE

Mailing Address PO BOX 441146

City SOMERVILLE	State MA	Zip Code 02144
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FEC ID number of contributing federal political committee. **C** C00401224

Name of Employer	Occupation
------------------	------------

Receipt For: 2026
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼
880.00

Date of Receipt

M M	/	D D	/	Y Y Y Y
01	/	01	/	2026

Transaction ID : SA11C.4108

Amount of Each Receipt this Period
30.00

Memo Item
Above Contribution earmarked through this organization

C. Full Name (Last, First, Middle Initial)

Mailing Address

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

Name of Employer	Occupation
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Receipt For:
 Primary General
 Other (specify) ▼

Election Cycle-to-Date ▼

Date of Receipt

M M	/	D D	/	Y Y Y Y
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Amount of Each Receipt this Period

Memo Item

SUBTOTAL of Receipts This Page (optional).....▶	35.00
TOTAL This Period (last page this line number only).....▶	880.00

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 12 OF 14	
	<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)
FRIENDS OF VALENTINA E MENDOZA

Full Name (Last, First, Middle Initial) A. Kole, Brenda, , ,			Date of Disbursement MM / DD / YYYY 07 / 31 / 2025	
Mailing Address 1624 16th Avenue S, Apt 3			FEC Identification Number C	
City Nashville	State TN	Zip Code 37212	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Consulting - Campaign Manager		Category/ Type 001	Transaction ID : SB17.4152	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B. Kole, Brenda, , ,			Date of Disbursement MM / DD / YYYY 08 / 24 / 2025	
Mailing Address 1624 16th Avenue S, Apt 3			FEC Identification Number C	
City Nashville	State TN	Zip Code 37212	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Consulting - Campaign Manager		Category/ Type 001	Transaction ID : SB17.4154	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) C. Tapia, Natalia, , ,			Date of Disbursement MM / DD / YYYY 08 / 08 / 2025	
Mailing Address 9541 Haines Canyon			FEC Identification Number C	
City Tujunga	State CA	Zip Code 91402	Amount of Each Disbursement this Period 500.00	
Purpose of Disbursement Website Design and Implementaion		Category/ Type 001	Transaction ID : SB17.4150	
Candidate Name		<input type="checkbox"/> Memo Item		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

SUBTOTAL of Disbursements This Page (optional).....▶	1500.00
TOTAL This Period (last page this line number only).....▶	1500.00

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 13 OF 14	
	<input type="checkbox"/> 17 <input checked="" type="checkbox"/> 20a	<input type="checkbox"/> 18 <input type="checkbox"/> 20b	<input type="checkbox"/> 19a <input type="checkbox"/> 20c	<input type="checkbox"/> 19b <input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF VALENTINA E MENDOZA

Full Name (Last, First, Middle Initial) A. Varela, Brian, , ,			Date of Disbursement M M / D D / Y Y Y Y 09 / 30 / 2025	
Mailing Address 174 Naughtright RD			FEC Identification Number C	
City Washington Township	State NJ	Zip Code 07053	Amount of Each Disbursement this Period 250.00	
Purpose of Disbursement			Transaction ID : SB20A.4141	
Candidate Name			<input type="checkbox"/> Memo Item	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2026 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼			
State: District:				

Full Name (Last, First, Middle Initial) B.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<input type="checkbox"/> Memo Item	
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.			Date of Disbursement M M / D D / Y Y Y Y	
Mailing Address			FEC Identification Number C	
City	State	Zip Code	Amount of Each Disbursement this Period	
Purpose of Disbursement			<input type="checkbox"/> Memo Item	
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).....▶	250.00
TOTAL This Period (last page this line number only).....▶	250.00

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)
 17 18 19a 19b
 20a 20b 20c 21

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NAME OF COMMITTEE (In Full)
FRIENDS OF VALENTINA E MENDOZA

Full Name (Last, First, Middle Initial)
A. The Trevor Project

Mailing Address 575 8th avenue

City New York State NY Zip Code 10018

Purpose of Disbursement
Charitable Donation to Close Out Accounts Category/Type

Candidate Name

Office Sought: House Primary General
 Senate Other (specify) ▼
 President

Disbursement For: 2026

State: District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Transaction ID : SB21.4167

Memo Item

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

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Primary General
 Senate Other (specify) ▼
 President

Disbursement For:

State: District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

Full Name (Last, First, Middle Initial)
C.

Mailing Address

City State Zip Code

Purpose of Disbursement Category/Type

Candidate Name

Office Sought: House Primary General
 Senate Other (specify) ▼
 President

Disbursement For:

State: District:

Date of Disbursement
 / /

FEC Identification Number

Amount of Each Disbursement this Period

Memo Item

SUBTOTAL of Disbursements This Page (optional).....▶	<input type="text" value="367.51"/>
TOTAL This Period (last page this line number only).....▶	<input type="text" value="367.51"/>