PAGE 1 / 7

## **FEC** FORM 3X

# **REPORT OF RECEIPTS AND DISBURSEMENTS**

	For Other Than An Au		Office Use Only
NAME OF COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
VOTESANE PAC			
ADDRESS (number and street)	PO BOX 2713		
▼ Check if different			
than previously reported. (ACC)	ALEXANDRIA		VA 22301 -
2. FEC IDENTIFICATION N	UMBER ▼ CI	TY▲	STATE ▲ ZIP CODE ▲
C C00484535		S THIS REPORT (N) O	R AMENDED (A)
4. TYPE OF REPORT (Choose One)	(b) Monthly Feb	20 (M2) May 20 (M	(Non-Election Year Only)
(a) Quarterly Reports:	Ma	r 20 (M3) Jun 20 (M	(Non-Election Year Only)
April 15 Quarterly Report (0		20 (M4) Jul 20 (M	7) Oct 20 (M10) <b>x</b> Jan 31 (YE)
July 15 Quarterly Report (0	PRE-Election	Primary (12P)	General (12G) Runoff (12R)
October 15 Quarterly Report (0	Report for the:	Convention (12C)	Special (12S)
January 31 Year-End Report (\	γE) Election	on on	in the State of
July 31 Mid-Year Report (Non-electic Year Only) (MY)	(d) 30-Day POST-Election Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 1		through 12	
I certify that I have examined the		f my knowledge and belief it is	true, correct and complete.
Type or Print Name of Treasure	Williams, James, , , er		
Signature of Treasurer Willi	ams, James, , ,	[Electronically Filed]	Date 01 / 30 / 2019
NOTE: Submission of false, erron	eous, or incomplete information	on may subject the person signin	g this Report to the penalties of 52 U.S.C. § 30109
Office Use			FEC FORM 3X Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

OF RECEIPTS AND DISBURSEMENTS FEC Form 3X (Rev. 05/2016) Page 2 Write or Type Committee Name **VOTESANE PAC** 11 27 2018 12 31 2018 Report Covering the Period: From: To: **COLUMN A COLUMN B** This Period Calendar Year-to-Date (a) Cash on Hand 23922.12 January 1, 2018 (b) Cash on Hand at 24867.12 Beginning of Reporting Period..... 175.00 2626896.63 (c) Total Receipts (from Line 19) ..... (d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 2650818.75 25042.12 6(a) and 6(c) for Column B)..... 500.00 2626276.63 7. Total Disbursements (from Line 31)...... 8. Cash on Hand at Close of Reporting Period 24542.12 24542.12 (subtract Line 7 from Line 6(d))..... Debts and Obligations Owed TO the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 10. Debts and Obligations Owed BY the Committee (Itemize all on 0.00 Schedule C and/or Schedule D) ..... 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. 05/2016)

Write or Type Committee Name

#### **VOTESANE PAC**

I. Receipts ibutions (other than loans) From: ndividuals/Persons Other Than Political Committees i) Itemized (use Schedule A) ii) Unitemized	COLUMN A Total This Period  175.00  0.00	COLUMN B Calendar Year-to-Date  2621796.63
ndividuals/Persons Other  Than Political Committees  i) Itemized (use Schedule A)  ii) Unitemized  iii) TOTAL (add  Lines 11(a)(i) and (ii)▶	0.00	
Than Political Committees i) Itemized (use Schedule A) ii) Unitemized iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	
ii) Itemized (use Schedule A)iii) Unitemizediii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	
ii) Unitemized iii) TOTAL (add Lines 11(a)(i) and (ii)▶	0.00	
iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1 1 1 1 1 1 1 1 1 1	100.00
iii) TOTAL (add Lines 11(a)(i) and (ii)▶	1 1 1 1 1 1 1 1 1 1	45 45
Lines 11(a)(i) and (ii)▶	175.00	
	170.00	2621896.63
	0.00	0.00
Political Party Committees	0.00	0.00
Other Political Committees such as PACs)	0.00	5000.00
	7 7	7 7
	175.00	2626896.63
fers From Affiliated/Other		
Committees	0.00	0.00
pans Received	0.00	0.00
	0.00	0.00
	0.00	0.00
	0.00	0.00
· - ·	4	0.00
	0.00	0.00
	4 4	4 4
lends, Interest, etc.)	0.00	0.00
fers from Non-Federal and Levin Funds	4 4	4 4
on-Federal Account		
from Schedule H3)	0.00	0.00
evin Funds (from Schedule H5)	0.00	0.00
otal Transfers (add 18(a) and 18(b))	0.00	0.00
	Repayments Received	1(a)(iii), (b), and (c)) (Carry rotals to Line 33, page 5)

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date		
Operating Expenditures:     (a) Allocated Federal/Non-Federal     Activity (from Schedule H4)	10101 11101	Galeridai Teal-to-Date		
(i) Federal Share	0.00	0.00		
(ii) Non-Federal Share	0.00	0.00		
(b) Other Federal Operating	7 7	4 4		
Expenditures	0.00	0.00		
(c) Total Operating Expenditures				
(add 21(a)(i), (a)(ii), and (b))	0.00	0.00		
Transfers to Affiliated/Other Party Committees	0.00	0.00		
Contributions to Federal Candidates/Committees	4 4	4 4		
and Other Political Committees	0.00	2622076.63		
Independent Expenditures (use Schedule E)	0.00	0.00		
. Coordinated Party Expenditures	0.00	0.00		
(52 U.S.C. § 30116(d)) (use Schedule F)	0.00	0.00		
	4 4 4	45 45 45		
Loan Repayments Made	0.00	0.00		
Loans Made	0.00	0.00		
Refunds of Contributions To:	0.00	0.00		
(a) Individuals/Persons Other Than Political Committees	0.00	3600.00		
	45 45 45	4 4		
(b) Political Party Committees	0.00	0.00		
(c) Other Political Committees	0.00	0.00		
(such as PACs)(d) Total Contribution Refunds	0.00	0.00		
(add Lines 28(a), (b), and (c))	0.00	3600.00		
(444 200 20(4), (5), 4.14 (6),	0.00	3000.00		
Other Disbursements (Including				
Non-Federal Donations)	500.00	600.00		
Federal Election Activity (52 U.S.C. § 30101)	(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	0.00	0.00		
Entirely With Federal Funds	0.00	0.00		
(c) Total Federal Election Activity (add	4 4			
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00		
Tatal Dishuman and Add III 2011				
Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c))				
20, 24, 20, 20, 21, 20(u), 28 and 50(c))	500.00	2626276.63		
Total Federal Disbursements				
(subtract Line 21(a)(ii) and Line 30(a)(ii)				
from Line 31)	500.00	2626276.63		

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

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)	175.00	2626896.63		
34. Total Contribution Refunds (from Line 28(d))	0.00	3600.00		
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	175.00	2623296.63		
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	0.00	0.00		
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00		
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00		

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER:					PAGE	6	OF	7	
(0	che	ck only	or	ne)					
	X	11a		11b		11c	12	2	
		13		14		15	16	6	17

	and Statements may not be sold or used by any per ng the name and address of any political committee				
NAME OF COMMITTEE (In Full) VOTESANE PAC					
Full Name of Individual (Last, First, Midd BRADNAN, WILLIAM, , ,  Mailing Address 23 COTTONWOOD LAN		Date of Receipt  12 29 2018			
City	City State Zip Code				
HILTON HEAD ISLAND	SC 29926	Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	50.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Earmark to Mitch McConnell, S-KY			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Midd OLSSON, MATTHEW, K, , Mailing Address 608 NORRIS AVENUE	dle Initial) or Full Organization Name	Date of Receipt			
		12 24 2018			
City PENDER	State Zip Code NE 68047	Transaction ID : SA11AI.9989			
FEC ID number of contributing federal political committee.	C 06047	Amount of Each Receipt this Period  25.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Earmark to Alexandria Ocasio-Cortez, H-NY-14			
Receipt For:  Primary General  Other (specify) ▼	Aggregate Year-to-Date ▼				
Full Name of Individual (Last, First, Midd. SPERLING, LYNN, , ,	dle Initial) or Full Organization Name	Date of Receipt			
Mailing Address 1339 CHAUTAUQUA		12 22 2018			
City PACIFIC PALISADES	State Zip Code CA 90272	Transaction ID : SA11AI.9981  Amount of Each Receipt this Period			
FEC ID number of contributing federal political committee.	C	100.00			
Name of Employer (for Individual)	Occupation (for Individual)	Memo Item Earmark to Cheri Bustos, H-IL-17			
Receipt For: Primary General Other (specify)	Aggregate Year-to-Date ▼				
SUBTOTAL of Receipts This Page (option	nal)	175.00			
TOTAL This Period (last page this line nu	mber only)	175.00			

### S П

Use separate screebule(s) to check only one)   Check on	SCHEDULE B (FEC Form 3X)	11-		FOR LINE NUMBER: PAGE 7 OF 7				
Detailed Summary Page	ITEMIZED DISBURSEMENTS		Use separate schedule(s) (check		ck only one)			
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 First)  NAME OF COMMITTEE (in First)								
NAME OF COMMITTEE (In Full)  VOTESANE PAC  Full Name (Last, First, Middle Initial)  Name (Last, First					on for the purpose of soliciting contributions			
Full Name (Last, First, Middle Initial)  A. VOTESANE NONFEDERAL ACCOUNT  Mailing Address PO BOX 2713  City		me and addr	ess of any politic	al committee to	o solicit contributions from such committee.			
Full Name (Last, First, Middle Initial)  A. VOTESANE NONFEDERAL ACCOUNT  Mailing Address PO BOX 2713  City  ALEXANDRIA  Discretionary Transfer to Nonfederal Account  Candidate Name  Office Sought: House   Disbursement   District   District   District    Full Name (Last, First, Middle Initial)  B. Mailing Address  City  Office Sought: House   Disbursement   Discretionary   General    Primary   General   Disbursement   District    Full Name (Last, First, Middle Initial)  C. Mailing Address  City   State   Zip Code    Purpose of Disbursement   Candidate Name   Category   Type    Office Sought: House   Disbursement   For   Category   Type    Office Sought: House   Disbursement   Disbursement   For   Category   Type    Office Sought: House   Disbursement   Disbursement   For   Category   Type    Office Sought: House   Disbursement   District   District    Full Name (Last, First, Middle Initial)  C. Mailing Address  City   State   Zip Code   FEC Identification Number    Full Name (Last, First, Middle Initial)  C. Mailing Address  City   State   Zip Code   FEC Identification Number    Full Name (Last, First, Middle Initial)  C. Mailing Address  City   State   Zip Code   FEC Identification Number    Fec Identification Number    Category   Type   Type   Type   Type    Office Sought:   House   Disbursement   Type   Type    Office Sought:   House   Type   Type   Type    Office Sought:   House   Type   Type   Type   Type    Office Sought:   House   Type   Typ	I \ '							
A VOTESANE NONFEDERAL ACCOUNT  Mailing Address PO BOX 2713  City ALEXANDRIA Purpose of Disbursement Discretionary Transfer to Nonfederal Account Candidate Name Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name Office Sought:   House   Disbursement For:   Senate   Primary   General   Purpose of Disbursement Candidate Name Office Sought:   House   Disbursement For:   General   President   District:   District:   District:   Date of Disbursement this Period  Office Sought:   House   Disbursement For:   General   President   District:   Date of Disbursement this Period    Office Sought:   House   Disbursement For:   General   President   District:   Date of Disbursement    Candidate Name   Category   Amount of Each Disbursement this Period    Office Sought:   House   Disbursement For:   Date of Disbursement    Candidate Name   Category   Amount of Each Disbursement this Period    Office Sought:   House   Disbursement For:   Date of Disbursement    Candidate Name   Date of Disbursement    Candidate Name   Date of Disbursement    Candidate Name   Date of Disbursement    Category   Amount of Each Disbursement    Cate	VOTESAINE PAC							
City ALEXANDRIA  Category/ Discretionary Transfer to Nonfederal Account  Candidate Name  Office Sought:		<u> </u>			5. (5:1			
Mailing Address PO BOX 2713  City Purpose of Disbursement Discretionary Transfer to Nonfederal Account Candidate Name  City Purpose of Disbursement Candidate Name  City State Disbursement Candidate Name  City President Candidate Name  City State: District:  Full Name (Last, First, Middle Initial) City Purpose of Disbursement Candidate Name  City State: District:  Full Name (Last, First, Middle Initial) City State: District:  Full Name (Last, First, Middle Initial) City State: District:  City State Disbursement For: Senate President Category: Type  Cat	A. VOTESANE NONFEDERAL ACC	OUNT						
ALEXANDRIA	Mailing Address PO BOX 2713							
ALEXANDRIA Purpose of Disbursement Discretionary Transfer to Nonfederal Account Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial) B.  Mailing Address  City Purpose of Disbursement Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  B.  Mailing Address  City  State  Disbursement  Category/ Type  Office Sought:  Full Name (Last, First, Middle Initial)  B.  Fill Name (Last, First, Middle Initial)  B.  Furpose of Disbursement  Candidate Name  Office Sought:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought:  Fell Name (Last, First, Middle Initial)  Category/ Type  Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Disbursement  Category/ Type  Tell Name (Last, First, Middle Initial)  C.  Amount of Each Disbursement  Category/ Type  FEC Identification Number  Category/ Type  Type  Tell Name (Last, First, Middle Initial)  C.  State:  District:  Date of Disbursement  Amount of Each Disbursement  Category/ Type  Ty	,				FEC Identification Number			
Discretionary Transfer to Nonfederal Account  Candidate Name  Office Sought:		VA	22301					
Cardidate Name  Office Sought: House Senate President State: District: House Purpose of Disbursement Disbursement For: Senate President State: District: Primary General Primary General Primary General Primary General President State: District: Primary General President General President General President General President General President General Other (specify) Disbursement For: Senate President General Other (specify) General President General Other (specify) General Gen								
Office Sought:	Candidate Name			Category/				
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House President Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  Category/ Type  Office Sought: House President Other (specify)  Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House President Other (specify)  Mailing Address  City State Zip Code  Purpose of Disbursement  Candidate Name  Office Sought: House Senate Primary General Primary General President Other (specify)   Mailing Address  City State Zip Code  Purpose of Disbursement  Category/ Type  Office Sought: House Senate Primary General Primary General President State: District:  Substortal of Disbursements This Page (optional)					500.00			
State: District:			General		300.00			
State: District:  Full Name (Last, First, Middle Initial)  Mailling Address  City		_			Memo Item			
Mailing Address  City State Zip Code FEC Identification Number  Cardidate Name  Office Sought: House President Other (specify)  State: District:  Mailing Address  City State Zip Code FEC Identification Number  Category/ Type  Office Sought: House Primary General Other (specify)  Date of Disbursement this Period  FEC Identification Number  Category/ Type  Memo Item  FEC Identification Number  Category/ Type  Tech Disbursement Initial Date of Disbursement For:  Category/ Type  Office Sought: House Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  Senate Primary General Other (specify) ▼  Substortal of Disbursement This Page (optional)	State: District:				I Wellio Itelli			
Mailing Address  City	,				Data of Dishurasment			
City  Purpose of Disbursement  Candidate Name  City  Office Sought:    House	ь.							
Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Substraction Number  Category/ Type  Category/ Type  Category/ Type  Memo Item  Substraction Number  Category/ Type  Category/ Type  Memo Item  Substraction Number  Category/ Type  Memo Item  Substraction Number  Category/ Type  Category/ Type  Memo Item  Substraction Number  FEC Identification Number  Category/ Type  Memo Item  Substraction Number  Category/ Type  Memo Item  Substraction Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item	Mailing Address							
Purpose of Disbursement  Candidate Name  Category/ Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name  Category/ Type  Memo Item  Substraction Number  Category/ Type  Category/ Type  Category/ Type  Memo Item  Substraction Number  Category/ Type  Category/ Type  Memo Item  Substraction Number  Category/ Type  Memo Item  Substraction Number  Category/ Type  Category/ Type  Memo Item  Substraction Number  FEC Identification Number  Category/ Type  Memo Item  Substraction Number  Category/ Type  Memo Item  Substraction Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item	City	State	Zip Code					
Candidate Name    Category/ Type					FEC Identification Number			
Office Sought: House Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code Purpose of Disbursement  Candidate Name Candidate Name Disbursement For:  Senate Primary General Other (specify)  Category/ Type  FEC Identification Number  Category/ Type  Memo Item  State: District:  Senate Primary General Other (specify) Memo Item  State: District:	Purpose of Disbursement				C			
Office Sought: House Senate Primary General Other (specify)  State: District: Memo Item    Date of Disbursement For: Memo Item	Candidate Name			Catagony	Amount of Each Dishuragment this Paying			
Senate Primary General Other (specify)  State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City State Zip Code FEC Identification Number  Candidate Name  Candidate Name  Office Sought: House Primary General Other (specify)  Senate Primary General Memo Item  Substitute: District:  Substitute: District: Memo Item  Substitute: District: Memo Item  Substitute: State: District: Sought: Memo Item					Amount of Each Disbursement this Fellou			
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  City  State  Candidate Name  Candidate Name  Office Sought:  House Senate President President State:  Disbursement For: Senate Primary General Other (specify)  Memo Item  Memo Item  Memo Item  State:  Disbursement For: Senate Primary General Other (specify)  Memo Item  Substoctable Amount of Each Disbursement this Period  Memo Item  Substoctable Amount of Each Disbursement this Period  Memo Item			Comerci					
State: District:  Full Name (Last, First, Middle Initial)  C.  Mailing Address  City  State  Zip Code  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Senate Primary General Other (specify)  State: District:  Substoctal of Disbursements This Page (optional)								
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Subtotal of Disbursement  MMM / PD / YYYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Subtotal of Disbursement  MMM / PD / YYYYYY  FEC Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item  Subtotal of Disbursement  Subtotal of Disbursement  Subtotal of Disbursement  Foo on			Memo Item					
City State Zip Code FEC Identification Number  Candidate Name Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Subtotal of Disbursements This Page (optional)	, , , , , , , , , , , , , , , , , , , ,							
City State Zip Code FEC Identification Number  Purpose of Disbursement  Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substitute Amount of Each Disbursement this Period  Memo Item  500.00	C.							
Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substruct  Substruct  Substruct  Substruct  Substruct  Fee Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item	Mailing Address				M = M / D = D / Y = Y = Y			
Purpose of Disbursement  Candidate Name  Category/ Type  Category/ Type  Category/ Type  Amount of Each Disbursement this Period  Office Sought: House Senate Primary General Other (specify) ▼  State: District:  Substruct  Substruct  Substruct  Substruct  Substruct  Fee Identification Number  Category/ Type  Amount of Each Disbursement this Period  Memo Item	City	Ctata	Zin Codo					
Candidate Name  Category/ Type  Office Sought: House Disbursement For: Senate Primary General Other (specify) ▼  State: District:  Substrict: Memo Item  Substrict: 500.00	City	State	Zip Code		FEC Identification Number			
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substrict: Memo Item	Purpose of Disbursement		C					
Office Sought: House Disbursement For: Senate Primary General Other (specify)  State: District:  Substrict: Memo Item	Candidate Name							
Office Sought: House Disbursement For: Senate Primary General President Other (specify) ▼  Subtrotal of Disbursements This Page (optional)	Canadate Name				Amount of Each Disbursement this Period			
State: District: Other (specify)   SUBTOTAL of Disbursements This Page (optional)		ı						
State: District: Memo Item  SUBTOTAL of Disbursements This Page (optional)								
SUBTOTAL of Disbursements This Page (optional)								
500 00								
TOTAL This Period (last page this line number only)	SUBTOTAL of Disbursements This Page (optional).				500.00			
	TOTAL This Period (last nage this line number only	)			500.00			