

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. **12FE4M5**
American Podiatric Medical Association Political Action Committee

ADDRESS (number and street) 9312 Old Georgetown Road
Check if different than previously reported. (ACC) Bethesda MD 20814-1698

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲
C C00008839 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 Year-End 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 (12S)
Election on 11 / 08 / 2016 in the State of MD
(d) 30-Day POST-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on / / in the State of

5. Covering Period 10 / 01 / 2016 through 10 / 19 / 2016

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.
Kaplan, Randy, K., Dr.,
Type or Print Name of Treasurer

Signature of Treasurer Kaplan, Randy, K., Dr., [Electronically Filed] Date 10 / 24 / 2016

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 3X (Rev. 05/2016)

Write or Type Committee Name

American Podiatric Medical Association 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="2016"/>	<input type="text" value="426633.57"/>	<input type="text" value="426633.57"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="265854.54"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="2952.33"/>	<input type="text" value="337923.30"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="268806.87"/>	<input type="text" value="764556.87"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="498250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="266306.87"/>	<input type="text" value="266306.87"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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

American Podiatric Medical Association Political Action Committee

Report Covering the Period: From: 10 / 01 / 2016 To: 10 / 19 / 2016

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).....	1613.33	209780.64
(ii) Unitemized	1339.00	128142.66
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	2952.33	337923.30
(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)	2952.33	337923.30
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)).....▶	2952.33	337923.30
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	2952.33	337923.30

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	498100.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(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	150.00
(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	150.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	0.00
30. 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 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)) ..	2500.00	498250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	498250.00

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)	2952.33	337923.30
34. Total Contribution Refunds (from Line 28(d))	0.00	150.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	2952.33	337773.30
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: (check only one)	PAGE 6 OF 11
<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)
American Podiatric Medical Association Political Action Committee

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name A. Asante, Georgina, A., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 06 / 2016
Mailing Address 1900 10th Ave. #305		Transaction ID : AECA7D531E892422EAB2
City Columbus	State GA	Zip Code 31901-3611
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Brown, H., F., Dr., III		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 10 / 2016
Mailing Address 2001 Georgia Ave.		Transaction ID : A33F83C2FECB34A72A33
City Little Rock	State AR	Zip Code 72207-5014
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 50.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name of Individual (Last, First, Middle Initial) or Full Organization Name C. Buchbinder, Irving, J., Dr.,		Date of Receipt M M M / D D D / Y Y Y Y Y Y 10 / 07 / 2016
Mailing Address 500 Albany Ave.		Transaction ID : A8C2823CEC86C4558B05
City Hartford	State CT	Zip Code 06120-2508
FEC ID number of contributing federal political committee. C		Amount of Each Receipt this Period 25.00
Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician	<input type="checkbox"/> Memo Item
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Aggregate Year-to-Date ▼ 525.00	

SUBTOTAL of Receipts This Page (optional).....▶	100.00
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: (check only one)	PAGE 7 OF 11
<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)
American Podiatric Medical Association Political Action Committee

A. Castle, John, E., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1227 N.E. 7th St.

City Grants Pass	State OR	Zip Code 97526-1430
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
450.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

Transaction ID : AE45DB248E436464190C

Amount of Each Receipt this Period
300.00

Memo Item

B. Christina, James, R., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 3 Glendorian Ct

City Cockeysville	State MD	Zip Code 21030-2407
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) APMA	Occupation (for Individual) Executive Director/CEO
---	---

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	13	/	2016

Transaction ID : AEB7C762403124672811

Amount of Each Receipt this Period
250.00

Memo Item

C. Dabdoub, William, H., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 108A Smart Pl.

City Slidell	State LA	Zip Code 70458-2040
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
2350.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	17	/	2016

Transaction ID : A344E268D73884E7AB68

Amount of Each Receipt this Period
150.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	700.00
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: (check only one)	PAGE 8 OF 11
<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)
American Podiatric Medical Association Political Action Committee

A. DeGere, Michael, William, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 27 DeNeveu Cir.

City Fond Du Lac	State WI	Zip Code 54935-5457
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Agnesian HealthCare	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	12	/	2016

Transaction ID : AA38FACC35BBA4CAA80

Amount of Each Receipt this Period
250.00

Memo Item

B. Frimmel, Robert, , Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Sarasota Footcare Center
1921 Waldemere St. #106

City Sarasota	State FL	Zip Code 34239-2941
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Sarasota Footcare Center	Occupation (for Individual) Podiatric Physician
---	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	04	/	2016

Transaction ID : AD1B0AD85B01C48AD9EA

Amount of Each Receipt this Period
30.00

Memo Item

C. Krueger, Kenneth, J., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 1319 Selkirk Ln.

City Indianapolis	State IN	Zip Code 46260-1230
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
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Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
250.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10	/	11	/	2016

Transaction ID : A2E027FBDC24C40139B1

Amount of Each Receipt this Period
250.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	530.00
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: (check only one)	PAGE 9 OF 11
<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)
American Podiatric Medical Association Political Action Committee

A. Lockwood, Melissa, Jomarie, Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address Heartland Foot & Ankle Assn., P.C.
 10 Heartland Dr. #B
 City Bloomington State IL Zip Code 61704-7775
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 833.30

Date of Receipt 10 / 17 / 2016
Transaction ID : ACCA94B770D3B421A9EB
 Amount of Each Receipt this Period 83.33
 Memo Item

B. Ollerton, Matthew, G., Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 519 S. 1800 E.
 City Springville State UT Zip Code 84663-2610
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Self-Employed Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt 10 / 10 / 2016
Transaction ID : A2447A92073D84A5A806
 Amount of Each Receipt this Period 25.00
 Memo Item

C. Parthasarathy, Priya, , Dr.,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10914 Wickshire Way
 City North Bethesda State MD Zip Code 20852-3221
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Foot and Ankle Specialists of the Mida Occupation (for Individual) Podiatric Physician
 Receipt For: Primary General Other (specify) Aggregate Year-to-Date ▼ 225.00

Date of Receipt 10 / 11 / 2016
Transaction ID : A6E486E7F014240F48D3
 Amount of Each Receipt this Period 25.00
 Memo Item

SUBTOTAL of Receipts This Page (optional).....	133.33
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: (check only one)	PAGE 10 OF 11
<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)
American Podiatric Medical Association Political Action Committee

A. Seldin, Liana, G., Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address 325 Meridian Ave. #10

City Miami Beach	State FL	Zip Code 33139-8713
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Self-Employed	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
225.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Transaction ID : A37215BE4DFAA4B19AA6

Amount of Each Receipt this Period
25.00

Memo Item

B. Woelffer, Kirk, Eiel, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Raleigh Foot & Ankle Center
P.O. Box 98209

City Raleigh	State NC	Zip Code 27624-8209
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Raleigh Foot Center	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
500.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		06		2016

Transaction ID : A4BA03AAC22274BCD907

Amount of Each Receipt this Period
50.00

Memo Item

C. Young, Evan, Reese, Dr.,
Full Name of Individual (Last, First, Middle Initial) or Full Organization Name

Mailing Address Foot Health Clinic
5004 S. U St. #101-B

City Fort Smith	State AR	Zip Code 72903-3600
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FEC ID number of contributing federal political committee. **C**

Name of Employer (for Individual) Podiatric Physician	Occupation (for Individual) Podiatric Physician
--	--

Receipt For:
 Primary General
 Other (specify)

Aggregate Year-to-Date ▼
300.00

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
10		13		2016

Transaction ID : A5DD45CC18F9F4B0FBC9

Amount of Each Receipt this Period
75.00

Memo Item

SUBTOTAL of Receipts This Page (optional).....	150.00
TOTAL This Period (last page this line number only).....	1613.33

**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"/> 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)

American Podiatric Medical Association Political Action Committee

Full Name (Last, First, Middle Initial)

A. JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATED PAC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
10		03		2016

Mailing Address PO BOX 26141

FEC Identification Number

C C00582726

Transaction ID : BF83B3CF51.

Amount of Each Disbursement this Period

2500.00

Memo Item

City ALEXANDRIA State VA Zip Code 22313

Purpose of Disbursement
Rep. Walorski LPAC 2016

Category/Type

Candidate Name
JUMP INTO ACTION FOR CONSERVATIVES TO KEEP OUR IDEAS ELEVATED PAC

Office Sought: House Senate President

Disbursement For: 2016
 Primary General
 Other (specify) Other

State: District:

Full Name (Last, First, Middle Initial)

B.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

Full Name (Last, First, Middle Initial)

C.

Date of Disbursement

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

Mailing Address

FEC Identification Number

C

Amount of Each Disbursement this Period

Memo Item

City State Zip Code

Purpose of Disbursement

Category/Type

Candidate Name

Office Sought: House Senate President

Disbursement For:
 Primary General
 Other (specify)

State: District:

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

2500.00

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

2500.00