

REGISTRATION  
 DIVISION  
 OPERATIONS CENTER

2002 DEC -4 P 11:19  
 RQ-59



FEDERAL ELECTION COMMISSION  
 WASHINGTON, D.C. 20463

Jon Fishpaw, Treasurer  
 Ohiohealth Star Corporation Political Action  
 Committee DBA Ohiohealth PAC  
 1087 Dennison Avenue  
 Columbus, OH 43201

NOV 01 2002

Identification Number: C00210617

Reference: April Quarterly Report (1/1/02-3/31/02)

Dear Mr. Fishpaw:

This letter is prompted by the Commission's preliminary review of the report(s) referenced above. The review raised questions concerning certain information contained in the report(s). An itemization follows:

-Your report disclosed a category of financial activity that has been reflected on the wrong line of the Detailed Summary Page. Federal operating expenses should be properly disclosed on a separate Schedule B, supporting Line 21(b) of the Detailed Summary Page. Please refer to the instructions contained on the forms to determine the proper categorization when preparing your next filing.

Any amendment or clarification should be filed with the Federal Election Commission. Electronic filers must file amendments (to include statements, designations, and reports) in an electronic format and must submit an amended report in its entirety, rather than just those portions of the report that are being amended. If you need assistance, please feel free to contact me on our toll-free number, (800) 424-9530 (at the prompt press 1, then press 2 to reach the Reports Analysis Division). My local number is (202) 694-1130.

Sincerely,

Jane Parks  
 Campaign Finance Analyst  
 Reports Analysis Division

RECEIVED  
FEDERAL  
OPERATIONS CENTER  
7002 DEC -3 P 4: 20

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  Exempts if typing, type over the lines. 12FE4655

OHIOHEALTH STAR CORPORATION POLITICAL ACTION COMMITTEE DBA

OHIOHEALTH PAC

ADDRESS (number and street) 1087 DENNISON AVENUE

Check if different than previously reported. (ADC)

COLUMBUS OH 43201

2. FEC IDENTIFICATION NUMBER CITY STATE ZIP CODE

C 0021D617

3. IS THIS REPORT NEW (N) OR AMENDED (A)  X

4. TYPE OF REPORT (Choose One)	(b) Monthly Report Due On:				
	Feb 20 (M2)	May 20 (M5)	Aug 20 (M8)	Nov 20 (M11) (Non-Election Year Only)	Dec 20 (M12) (Non-Election Year Only)
(a) Quarterly Reports:	Mar 20 (M3)	Jun 20 (M6)	Sep 20 (M9)	Jan 20 (M10)	Jan 31 (YE)
<input checked="" type="checkbox"/> April 15 Quarterly Report (Q1)	Apr 20 (M4)	Jul 20 (M7)	Oct 20 (M10)		
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)					
	(c) 12-Day Report for the:			in the State of	
	Primary (12P)	General (12G)	Special (12S)		
	PRE-Election	Convention (12C)			
	Election on				
	(d) 30-Day POST-Election Report for the:			in the State of	
	General (30G)	Runoff (30R)	Special (30S)		
	Election on				

5. Covering Period 01 01 2002 through 03 31 2002

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 Jon FISHBURN

Signature of Treasurer *Jon Fishburn* Date 11 22 2002

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

Office Use Only table with 8 columns and 1 row. FEC FORM 3X (Revised 1/01)

**SUMMARY PAGE**  
OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Revised 1/01)

Page 2

Write or Type Committee Name

OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, 2002		4,123.44
(b) Cash on Hand at Beginning of Reporting Period	4,123.44	
(c) Total Receipts (from Line 15)	3,853.53	3,853.53
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	7,976.97	7,976.97
7. Total Disbursements (from Line 30)	4,033.55	4,033.55
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	3,943.42	3,943.42
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)		
10. Debts and Obligations Owed BY the Committee (Itemize all on 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 (Revised 10/11)

Page 3

Write or Type Committee Name:

**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Report Covering the Period:

From:

01 01 2002

To:

03 31 2002

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) .....	2,750.00	
(ii) Unitemized .....	1,103.53	
(iii) TOTAL (add Lines 11(a)(i) and (ii)) .....	3,853.53	3,853.53
(b) Political Party Contributions .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 32, page 4) .....	3,853.53	3,853.53
12. Transfers From Affiliated/Other Party Committees .....		
13. All Loans Received .....		
14. Loan Repayments Received .....		
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 36, page 4) .....		
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees .....		
17. Other Federal Receipts: (Dividends, Interest, etc.) .....		
18. Transfers from Nonfederal Account for Joint Activity .....		
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18) .....	3,853.53	3,853.53
20. Total Federal Receipts (subtract Line 18 from Line 19) .....	3,853.53	3,853.53

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Revised 1/01)

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 .....		
(ii) Non-Federal Share .....		
(b) Other Federal Operating Expenditures .....	33.55	33.55
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) .....		
22. Transfers to Affiliated/Other Party Committees .....		
23. Contributions to Federal Candidates/Committees and Other Political Committees .....		
24. Independent Expenditures (see Schedule E) .....		
25. Coordinated Expenditures Made by Party Committees (2 U.S.C. §441a(d)) (see Schedule F) .....		
26. Loan Repayments Made .....		
27. Loans Made .....		
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees .....		
(b) Political Party Committees .....		
(c) Other Political Committees (such as PACs) .....		
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)) .....	4,000.00	4,000.00
29. Other Disbursements .....		
30. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), and 29) .....	4,033.55	4,033.55
31. Total Federal Disbursements (subtract Line 21(a)(i) from Line 30) .....	4,033.55	4,033.55
<b>III Net Contributions/Operating Expenditures</b>		
32. Total Contributions (other than loans) (from Line 11(d), page 3) .....	3,853.53	3,853.53
33. Total Contribution Refunds (from Line 28(d)) .....	.00	.00
34. Net Contributions (other than loans) (subtract Line 33 from Line 32) .....	3,853.53	3,853.53
35. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) .....	.00	.00
36. Offsets to Operating Expenditures (from Line 15, page 3) .....	.00	.00
37. Net Operating Expenditures (subtract Line 36 from Line 35) .....	3,853.53	3,853.53

**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 1 OF 3

11a  11b  11c  12  
 13  14  15  16  17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of solliciting 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)

**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Full Name (Last, First, Middle initial) <b>A. COTTER, EDESEL</b>		Date of Receipt 02 04 2002
Mailing Address 1087 DENNISON AVE City State Zip Code COLUMBUS, OH 43201		Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee: C		
Name of Employer OHIOHEALTH CORPORATION	Occupation SENIOR OPERATIONS OFFICER	Amount of Each Receipt this Period 250.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

Full Name (Last, First, Middle initial) <b>B. KAISER, JOEL</b>		Date of Receipt 02 17 2002
Mailing Address 1950 MT. SAINT MARY'S DRIVE City State Zip Code NELSONVILLE, OH 45764		Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee: C		
Name of Employer DOCTORS HOSPITAL - NELSONVILLE	Occupation PRESIDENT	Amount of Each Receipt this Period 500.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00	

Full Name (Last, First, Middle initial) <b>C. ARNOLD, W. RAE</b>		Date of Receipt 02 21 2002
Mailing Address 3535 OLENTANGY RIVER ROAD City State Zip Code COLUMBUS, OH 43216		Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee: C		
Name of Employer GRANT RIVERSIDE METHODIST HOSPITAL	Occupation DIRECTOR	Amount of Each Receipt this Period 300.00
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00	

SUBTOTAL of Receipts This Page (optional) ▶	1,050.00
TOTAL This Period (last page the line number only) ▶	

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

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

FOR LINE NUMBER: PAGE **2** OF **3**

(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 17
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	

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)  
**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Full Name (Last, First, Middle Initial) <b>A. WHEATON, JAMES</b>		Date of Receipt <b>02 23 2002</b>
Mailing Address <b>1087 DENNISON AVE</b>		Amount of Each Receipt this Period <b>250.00</b>
City <b>COLUMBUS, OH 43201</b>	State Zip Code	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>300.00</b>
Name of Employer <b>DOCTORS OHIOHEALTH</b>	Occupation <b>VICE-PRESIDENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>250.00</b>	
Full Name (Last, First, Middle Initial) <b>B. PULLINS, LINDA</b>		Date of Receipt <b>02 24 2002</b>
Mailing Address <b>1000 MCKINLEY PARK DRIVE</b>		Amount of Each Receipt this Period <b>400.00</b>
City <b>MARION, OH 43302</b>	State Zip Code	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>400.00</b>
Name of Employer <b>MARION GENERAL HOSPITAL</b>	Occupation <b>VICE-PRESIDENT</b>	
Receipt For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>300.00</b>	
Full Name (Last, First, Middle Initial) <b>C. MOREHEAD, CHARLES</b>		Date of Receipt <b>02 28 2002</b>
Mailing Address <b>1087 DENNISON AVE</b>		Amount of Each Receipt this Period <b>950.00</b>
City <b>COLUMBUS, OH 43201</b>	State Zip Code	
FEC ID number of contributing federal political committee <b>C</b>		Amount of Each Receipt this Period <b>400.00</b>
Name of Employer <b>OHIOHEALTH</b>	Occupation <b>SENIOR VP &amp; CMO</b>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ <b>400.00</b>	
<b>SUBTOTAL of Receipts This Page (optional)</b>		<b>950.00</b>
<b>TOTAL This Period (last page this line number only)</b>		

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

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

FOR LINE NUMBER: PAGE 3 OF 3  
(check only one)  
 11a  11b  11c  12  
 13  14  15  16  17

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NAME OF COMMITTEE (in full)  
**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Full Name (Last, First, Middle Initial)  
**A. VESPER, KEITH**

Date of Receipt  
**03 04 2002**

Mailing Address  
**1087 DENNISON AVE**

City State Zip Code  
**COLUMBUS, OH 43201**

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

Amount of Each Receipt this Period  
**250.00**

Name of Employer Occupation  
**OHIOHEALTH VICE-PRESIDENT**

Receipt For: Primary  General Other (specify)   
 Aggregate Year-to-Date: **250.00**

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary  General Other (specify)   
 Aggregate Year-to-Date

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

Date of Receipt

Mailing Address

City State Zip Code

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

Amount of Each Receipt this Period

Name of Employer Occupation

Receipt For: Primary  General Other (specify)   
 Aggregate Year-to-Date

SUBTOTAL of Receipts This Page (optional) **250.00**

TOTAL This Period (last page (this line number only)) **2250.00**

2002-03-13 10:13:00 AM

**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 1 OF 2
	<input type="checkbox"/> 21 <input type="checkbox"/> 22 <input type="checkbox"/> 23 <input type="checkbox"/> 24 <input type="checkbox"/> 25 <input checked="" type="checkbox"/> 29	

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NAME OF COMMITTEE (In Full)  
**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Full Name (Last, First, Middle Initial) <b>A. COLEMAN FOR MAYOR, DONALD J. MCTIGUE, TREAS.</b>		Date of Disbursement <b>01 17 2002</b>
Mailing Address <b>3886 NORTH HIGH STREET</b>		Amount of Each Disbursement this Period <b>2,500.00</b>
City <b>COLUMBUS, OH 43214</b>	State Zip Code	
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/Type <b>011</b>	
Candidate Name <b>MICHAEL COLEMAN</b>		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

Full Name (Last, First, Middle Initial) <b>B. MUMPER FOR STATE SENATE COMMITTEE MARK RADEBAUGH, CPA, TREAS.</b>		Date of Disbursement <b>02 28 2002</b>
Mailing Address <b>165 W. CENTER STREET, SUITE 401</b>		Amount of Each Disbursement this Period <b>150.00</b>
City <b>MARION, OH 43302</b>	State Zip Code	
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/Type <b>011</b>	
Candidate Name <b>LARRY MUMPER</b>		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: <b>OH</b> District: _____		

Full Name (Last, First, Middle Initial) <b>C. COMMITTEE TO ELECT SCOTT SCHERTZER MILDRED SONNANSTINE, TREAS.</b>		Date of Disbursement <b>03 15 2002</b>
Mailing Address <b>543 FOREST STREET</b>		Amount of Each Disbursement this Period <b>250.00</b>
City <b>MARION, OH 43302</b>	State Zip Code	
Purpose of Disbursement <b>CONTRIBUTION</b>	Category/Type <b>011</b>	
Candidate Name		
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: _____ District: _____		

SUBTOTAL of Disbursements This Page (optional)	<b>2,900.00</b>
TOTAL This Period (last page has 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 2 OF 2
	<input 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 checked="" type="checkbox"/> 29	

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NAME OF COMMITTEE (in Full)  
**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Full Name (Last, First, Middle Initial) <b>A. TIBERI FOR CONGRESS</b> <b>JOHN AND KAREN KASICH, CO-CHAIRS</b>		Date of Disbursement
Making Address <b>2021 E. DUBLIN-GRANDVILLE ROAD</b>		03 18 2002
City State Zip Code <b>COLUMBUS, OH 43229</b>		Amount of Each Disbursement this Period
Purpose of Disbursement <b>CONTRIBUTION</b>		1,000.00
Candidate Name <b>PAT TIBERI</b>		Category/Type 011
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>B. CITIZENS FOR GEOFFRY C. SMITH</b> <b>BILL CURLIS, TREAS.</b>		Date of Disbursement
Making Address <b>865 MACON ALLEY</b>		03 28 2002
City State Zip Code <b>COLUMBUS, OH 43206</b>		Amount of Each Disbursement this Period
Purpose of Disbursement <b>CONTRIBUTION</b>		100.00
Candidate Name <b>GEOFFRY C. SMITH</b>		Category/Type 011
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: District:		

Full Name (Last, First, Middle Initial) <b>C.</b>		Date of Disbursement
Making Address		
City State Zip Code		Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name		Category/Type
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 (column 1) .....	1,100.00
TOTAL This Period (next page this line number only) .....	4,000.00

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

Use separate schedules for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 1 OF 1
	<input checked="" type="checkbox"/> 21a <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"/> 25a <input type="checkbox"/> 26b <input type="checkbox"/> 28a <input type="checkbox"/> 28	

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NAME OF COMMITTEE (In Full)  
**OHIOHEALTH STAR POLITICAL ACTION COMMITTEE (DBA OHIOHEALTH PAC)**

Full Name (Last, First, Middle Initial) <b>A. NATIONAL CITY BANK</b>		Date of Disbursement
Mailing Address <b>P.O. BOX 5756</b>		<b>VARIOUS</b>
City <b>CLEVELAND, OH 44101</b>	State Zip Code	Amount of Each Disbursement this Period <b>33.55</b>
Purpose of Disbursement <b>SERVICE CHARGES</b>	<b>001</b>	
Candidate Name	Category Type	
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>B.</b>		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
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>C.</b>		Date of Disbursement
Mailing Address		
City	State Zip Code	Amount of Each Disbursement this Period
Purpose of Disbursement		
Candidate Name	Category Type	
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:		

<b>SUBTOTAL</b> of Disbursements This Page (optional)	<b>33.55</b>
<b>TOTAL</b> This Period (last page this line number only)	<b>33.55</b>

