

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

Cooperative of American Physicians Federal 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="2015"/>		<input type="text" value="59478.22"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="23458.22"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="20665.00"/>	<input type="text" value="62845.00"/>
(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="44123.22"/>	<input type="text" value="122323.22"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="5050.00"/>	<input type="text" value="83250.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="39073.22"/>	<input type="text" value="39073.22"/>
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

Cooperative of American Physicians Federal Political Action Committee

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

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).....	1830.00	18680.00
(ii) Unitemized	18835.00	44165.00
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	20665.00	62845.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	20665.00	62845.00
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total 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))..... ▶	20665.00	62845.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	20665.00	62845.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) 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.....	5000.00	83000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	50.00	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 28(a), (b), and (c)).....	50.00	250.00
29. Other Disbursements	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	5050.00	83250.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	5050.00	83250.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	20665.00	62845.00
34. Total Contribution Refunds (from Line 28(d))	50.00	250.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	20615.00	62595.00
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 13
(check only one)
 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 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)
Cooperative of American Physicians Federal Political Action Committee

A. Nayer Ali MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 701 E. 28th St., #400
 City Long Beach State CA Zip Code 90806
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Nayer Ali, MD Occupation Physician
 Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 17 / 2015
Transaction ID : 11AI-77448
 Amount of Each Receipt this Period
 250.00
 Aggregate Year-to-Date ▼
 250.00

B. Bahram Bahrami MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 2934 Ingelow St
 City San Diego State CA Zip Code 92106
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Bahram Bahrami, MD Occupation Physician
 Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 22 / 2015
Transaction ID : 11AI-77361
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 350.00

C. William Bowen MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 84 Madrone
 City Willits State CA Zip Code 95490
 FEC ID number of contributing federal political committee. **C**
 Name of Employer William Bowen, MD Occupation Physician
 Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 21 / 2015
Transaction ID : 11AI-77467
 Amount of Each Receipt this Period
 100.00
 Aggregate Year-to-Date ▼
 300.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 450.00
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: PAGE 7 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Trinh Bui MD
 Mailing Address 10402 Westminster #100C
 City State Zip Code
 Garden Grove CA 92843
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Trinh Bui, MD Physician
 Receipt For: 2015
 Primary General
 Other (specify) **▼**
 Calendar Year
 Aggregate Year-to-Date **▼**
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 11 / 2015
Transaction ID : 11AI-77531
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Paul Gottlieb MD
 Mailing Address 4871 Kipling Drive
 City State Zip Code
 Carmichael CA 95608
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Paul Gottlieb, MD Physician
 Receipt For: 2015
 Primary General
 Other (specify) **▼**
 Calendar Year
 Aggregate Year-to-Date **▼**
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 08 / 2015
Transaction ID : 11AI-77493
 Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Kenneth House MD
 Mailing Address 27726 Pacific Coast Hwy
 City State Zip Code
 Malibu CA 90265
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Occupation
 Kenneth House, MD Physician
 Receipt For: 2015
 Primary General
 Other (specify) **▼**
 Calendar Year
 Aggregate Year-to-Date **▼**
 300.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 11AI-77471
 Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional).....▶ 300.00
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:	PAGE 8 OF 13
	(check only one)	
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 12
		<input type="checkbox"/> 15
		<input type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

A. Sten Kramer MD
Full Name (Last, First, Middle Initial)
Mailing Address 1401 Avocado Ave Ste 307

City Newport Beach	State CA	Zip Code 92660
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FEC ID number of contributing federal political committee. **C**

Name of Employer Sten Kramer, MD	Occupation Physician
-------------------------------------	-------------------------

Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **330.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	15	/	2015

Transaction ID : 11AI-77380

Amount of Each Receipt this Period

80.00

B. Nasrollah Rashidi MD
Full Name (Last, First, Middle Initial)
Mailing Address 500 Esplanade Drive, #1520

City Oxnard	State CA	Zip Code 93036
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FEC ID number of contributing federal political committee. **C**

Name of Employer Nasrollah Rashidi, MD	Occupation Physician
---	-------------------------

Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **300.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	31	/	2015

Transaction ID : 11AI-77511

Amount of Each Receipt this Period

100.00

c. Lee Sadjia MD
Full Name (Last, First, Middle Initial)
Mailing Address 2730 Wilshire Blvd., #325

City Santa Monica	State CA	Zip Code 90403
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FEC ID number of contributing federal political committee. **C**

Name of Employer Lee Sadjia, MD	Occupation Physician
------------------------------------	-------------------------

Receipt For: 2015
 Primary General
 Other (specify) Calendar Year

Aggregate Year-to-Date ▼ **450.00**

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	18	/	2015

Transaction ID : 11AI-77408

Amount of Each Receipt this Period

100.00

SUBTOTAL of Receipts This Page (optional).....▶	280.00
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: PAGE 9 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)
A. Thomas Satrom MD

Mailing Address 647 Wellesley Drive

City State Zip Code
 Claremont CA 91711

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

Name of Employer Occupation
 Thomas Satrom, MD Physician

Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 23 / 2015

Transaction ID : 11AI-77555

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
B. Ellen Schapiro MD

Mailing Address 1126 Tellem Drive

City State Zip Code
 Pacific Palisades CA 90272

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

Name of Employer Occupation
 Ellen Schapiro, MD Physician

Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 11AI-77552

Amount of Each Receipt this Period
 100.00

Full Name (Last, First, Middle Initial)
C. Mohamad Shaheedy MD

Mailing Address 5400 Balboa Blvd., #210

City State Zip Code
 Encino CA 91316

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

Name of Employer Occupation
 Mohamad Shaheedy, MD Physician

Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**

Aggregate Year-to-Date ▼
 350.00

Date of Receipt
 M M M / D D D / Y Y Y Y Y Y
 12 / 31 / 2015

Transaction ID : 11AI-77391

Amount of Each Receipt this Period
 100.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 300.00

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: PAGE 10 OF 13
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
Cooperative of American Physicians Federal Political Action Committee

A. Vinayak Shanbhag MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 810 W. La Veta
 City Orange State CA Zip Code 92868
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Vinayak Shanbhag, MD Occupation Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 11AI-77424
 Amount of Each Receipt this Period
100.00

B. Benjamin Shwachman MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 315 N 3rd Ave #200
 City Covina State CA Zip Code 91723
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Benjamin Shwachman, MD Occupation Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **700.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 09 / 2015
Transaction ID : 11AI-77529
 Amount of Each Receipt this Period
200.00

C. Robert Tzeng MD
 Full Name (Last, First, Middle Initial)
 Mailing Address 420 N. Garfield Ave., #205
 City Monterey Park State CA Zip Code 91754
 FEC ID number of contributing federal political committee. **C**
 Name of Employer Robert Tzeng, MD Occupation Physician
 Receipt For: 2015
 Primary General
 Other (specify) **Calendar Year**
 Aggregate Year-to-Date **350.00**

Date of Receipt
 M M / D D / Y Y Y Y Y Y
 12 / 31 / 2015
Transaction ID : 11AI-77454
 Amount of Each Receipt this Period
100.00

SUBTOTAL of Receipts This Page (optional)..... **400.00**
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: PAGE 11 OF 13
(check only one)

<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)
Cooperative of American Physicians Federal Political Action Committee

A. Robert Wagmeister MD
Full Name (Last, First, Middle Initial)
Mailing Address 2001 Santa Monica Blvd #670W
City Santa Monica State CA Zip Code 90404
FEC ID number of contributing federal political committee. **C**
Name of Employer Robert Wagmeister, MD Occupation Physician
Receipt For: 2015
 Primary General
 Other (specify) Calendar Year
Aggregate Year-to-Date **350.00**

Date of Receipt
M M / D D / Y Y Y Y Y Y
12 / 28 / 2015
Transaction ID : 11AI-77363
Amount of Each Receipt this Period
100.00

B.
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) Calendar Year
Aggregate Year-to-Date

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

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) Calendar Year
Aggregate Year-to-Date

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

SUBTOTAL of Receipts This Page (optional).....	100.00
TOTAL This Period (last page this line number only).....	1830.00

**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"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Bera for Congress

Mailing Address PO Box 582496

City Elk Grove State CA Zip Code 95758

Purpose of Disbursement
Political Contribution

Category/
Type

Candidate Name
Amerish Bera

Office Sought: House
 Senate
 President
State: CA District: 07

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Transaction ID : 23-782

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

/ /

Amount of Each Disbursement this Period

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

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

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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 checked="" 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)

Cooperative of American Physicians Federal Political Action Committee

Full Name (Last, First, Middle Initial)

A. Ari Marshall MD

Mailing Address 21600 Dunrobin Way

City Yorba Linda State CA Zip Code 92887

Purpose of Disbursement
Partial Refund of 12/09/15 Contribution

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12		09		2015

Transaction ID : 28A-783

Amount of Each Disbursement this Period

50.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

--

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: House Senate President
State: District:

Disbursement For: Primary General Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

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

50.00

50.00
