

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

ADDRESS (number and street)

Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER

CITY

STATE

ZIP CODE

C

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)
Mar 20 (M3)
Apr 20 (M4)
May 20 (M5)
Jun 20 (M6)
Jul 20 (M7)
Aug 20 (M8)
Sep 20 (M9)
Oct 20 (M10)
Nov 20 (M11) (Non-Election Year Only)
Dec 20 (M12) (Non-Election Year Only)
Jan 31 (YE)

(c) 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 [ ]

(d) 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]

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

Signature of Treasurer

Date

[MM/DD/YYYY]

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

Office Use Only

FEC FORM 3X (Rev. 02/2003)

**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

---

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

|   | COLUMN A<br>This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------|-----------------------------------|
| 6. (a) Cash on Hand January 1, <input type="text" value="Y Y Y Y Y Y"/>                                   | <input type="text"/>    | <input type="text"/>              |
| (b) Cash on Hand at Beginning of Reporting Period.....  | <input type="text"/>    | <input type="text"/>              |
| (c) Total Receipts (from Line 19) .....   | <input type="text"/>    | <input type="text"/>              |
| (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"/>    | <input type="text"/>              |
| 7. Total Disbursements (from Line 31).....  | <input type="text"/>    | <input type="text"/>              |
| 8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....                        | <input type="text"/>    | <input type="text"/>              |
| 9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D).....  | <input type="text"/>    | <input type="text"/>              |
| 10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D)..... | <input type="text"/>    | <input type="text"/>              |

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

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).....

(ii) Unitemized.....

(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶

(b) Political Party Committees.....

(c) Other Political Committees (such as PACs).....

(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶

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 37, page 5).....

16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....

17. Other Federal Receipts (Dividends, Interest, etc.).....

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account (from Schedule H3).....

(b) Levin Funds (from Schedule H5).....

(c) Total Transfers (add 18(a) and 18(b))..

19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶

20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶

|   | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|---|-------------------------------|-----------------------------------|
| 11. Contributions (other than loans) From:  |                               |                                   |
| (a) Individuals/Persons Other Than Political Committees   |                               |                                   |
| (i) Itemized (use Schedule A).....  | <input type="text"/>          | <input type="text"/>              |
| (ii) Unitemized.....  | <input type="text"/>          | <input type="text"/>              |
| (iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶  | <input type="text"/>          | <input type="text"/>              |
| (b) Political Party Committees.....   | <input type="text"/>          | <input type="text"/>              |
| (c) Other Political Committees (such as PACs).....  | <input type="text"/>          | <input type="text"/>              |
| (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)..... ▶ | <input type="text"/>          | <input type="text"/>              |
| 12. Transfers From Affiliated/Other Party Committees.....   | <input type="text"/>          | <input type="text"/>              |
| 13. All Loans Received.....   | <input type="text"/>          | <input type="text"/>              |
| 14. Loan Repayments Received.....   | <input type="text"/>          | <input type="text"/>              |
| 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5)..... | <input type="text"/>          | <input type="text"/>              |
| 16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....           | <input type="text"/>          | <input type="text"/>              |
| 17. Other Federal Receipts (Dividends, Interest, etc.).....   | <input type="text"/>          | <input type="text"/>              |
| 18. Transfers from Non-Federal and Levin Funds  |                               |                                   |
| (a) Non-Federal Account (from Schedule H3).....   | <input type="text"/>          | <input type="text"/>              |
| (b) Levin Funds (from Schedule H5).....   | <input type="text"/>          | <input type="text"/>              |
| (c) Total Transfers (add 18(a) and 18(b))..   | <input type="text"/>          | <input type="text"/>              |
| 19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c))..... ▶                        | <input type="text"/>          | <input type="text"/>              |
| 20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶                                  | <input type="text"/>          | <input type="text"/>              |

**DETAILED SUMMARY PAGE**  
of Disbursements

| II. Disbursements  | COLUMN A<br>Total This Period | COLUMN B<br>Calendar Year-to-Date |
|--|-------------------------------|-----------------------------------|
| 21. Operating Expenditures:  |                               |                                   |
| (a) Allocated Federal/Non-Federal Activity (from Schedule H4)                                  |                               |                                   |
| (i) Federal Share .....  |                               |                                   |
| (ii) Non-Federal Share.....  |                               |                                   |
| (b) Other Federal Operating Expenditures .....   |                               |                                   |
| (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 (use Schedule E) .....  |                               |                                   |
| 25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use 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)).....                            |                               |                                   |
| 29. Other Disbursements .....  |                               |                                   |
| 30. Federal Election Activity (2 U.S.C. §431(20))  |                               |                                   |
| (a) Allocated Federal Election Activity (from Schedule H6)                                     |                               |                                   |
| (i) Federal Share .....  |                               |                                   |
| (ii) "Levin" Share .....   |                               |                                   |
| (b) Federal Election Activity Paid Entirely With Federal Funds .....                           |                               |                                   |
| (c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....           |                               |                                   |
| 31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..      |                               |                                   |
| 32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31)..... |                               |                                   |

**DETAILED SUMMARY PAGE**  
of Disbursements

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Page 5

| <b>III. Net Contributions/Operating Expenditures</b>                                   | <b>COLUMN A<br/>Total This Period</b> | <b>COLUMN B<br/>Calendar Year-to-Date</b> |
|--|---------------------------------------|---|
| 33. Total Contributions (other than loans)<br>(from Line 11(d), page 3) .....          |                                       |   |
| 34. Total Contribution Refunds<br>(from Line 28(d)) .....                              |                                       |   |
| 35. Net Contributions (other than loans)<br>(subtract Line 34 from Line 33) .....      |                                       |   |
| 36. Total Federal Operating Expenditures<br>(add Line 21(a)(i) and Line 21(b)) ..... ▶ |                                       |   |
| 37. Offsets to Operating Expenditures<br>(from Line 15, page 3) .....                  |                                       |   |
| 38. Net Operating Expenditures<br>(subtract Line 37 from Line 36) ..... ▶              |                                       |   |

**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                        | OF                          |
| <input 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 | <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)

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

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

Mailing Address

City State Zip Code

FEC ID number of contributing federal political committee.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

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.

Name of Employer Occupation

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt  
 /  /

Amount of Each Receipt this Period

**SUBTOTAL** of Receipts 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)

PAGE OF

|                              |                              |                              |                              |                             |                              |
|------------------------------|------------------------------|------------------------------|------------------------------|-----------------------------|------------------------------|
| <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 type="checkbox"/> 29 | <input type="checkbox"/> 30b |

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)

Full Name (Last, First, Middle Initial)

**A.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial)

**B.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Amount field

Full Name (Last, First, Middle Initial)

**C.**

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought:  House  
 Senate  
 President  
State: District:

Disbursement For:  
 Primary  General  
 Other (specify) ▼

Category/  
Type

Date of Disbursement

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

Amount of Each Disbursement this Period

Amount field

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

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

Amount field

Amount field

**SCHEDULE C (FEC Form 3X)**

**LOANS**

NAME OF COMMITTEE (In Full)

|  |   |
|--|---|
| <b>LOAN SOURCE</b> Full Name (Last, First, Middle Initial) | Election:<br><input type="checkbox"/> Primary<br><input type="checkbox"/> General<br><input type="checkbox"/> Other (specify) ▼ |
| Mailing Address  |   |
| City State ZIP Code  |   |

|                         |                            |   |
|-------------------------|----------------------------|---|
| Original Amount of Loan | Cumulative Payment To Date | Balance Outstanding at Close of This Period |
| <input type="text"/>    | <input type="text"/>       | <input type="text"/>                        |

**TERMS**

|   |  |   |  |
|---|--|---|--|
| Date Incurred<br><input type="text"/> / <input type="text"/> / <input type="text"/> | Date Due<br><input type="text"/> / <input type="text"/> / <input type="text"/> | Interest Rate<br><input type="text"/> % (apr) | Secured:<br><input type="checkbox"/> Yes <input type="checkbox"/> No |
|---|--|---|--|

List All Endorsers or Guarantors (if any) to Loan Source

|  |   |
|--|---|
| 1. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 2. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 3. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |
| 4. Full Name (Last, First, Middle Initial) | Name of Employer                                    |
| Mailing Address                            | Occupation  |
| City State ZIP Code                        | Amount Guaranteed Outstanding: <input type="text"/> |

|  |                      |
|--|----------------------|
| <b>SUBTOTALS</b> This Period This Page (optional)..... ▶       | <input type="text"/> |
| <b>TOTALS</b> This Period (last page in this line only)..... ▶ | <input type="text"/> |

Carry outstanding balance only to LINE 3, Schedule D, for this line. If no Schedule D, carry forward to appropriate line of Summary.



**SCHEDULE C-1 (FEC Form 3X)**  
**LOANS AND LINES OF CREDIT FROM LENDING INSTITUTIONS**

Federal Election Commission, Washington, D.C. 20463

Supplementary for  
 Information found on  
 Page \_\_\_\_ of Schedule C

|                             |                                       |
|-----------------------------|---------------------------------------|
| NAME OF COMMITTEE (In Full) | <b>FEC IDENTIFICATION NUMBER</b><br>C |
|-----------------------------|---------------------------------------|

|  |                |                     |
|--|----------------|---------------------|
| <b>LENDING INSTITUTION (LENDER)</b><br>Full Name | Amount of Loan | Interest Rate (APR) |
|  | _____ %        | _____ %             |

|                     |                              |
|---------------------|------------------------------|
| Mailing Address     | Date Incurred or Established |
| City State Zip Code | Date Due                     |

A. Has loan been restructured?  No  Yes      If yes, date originally incurred \_\_\_\_\_

B. If line of credit, Amount of this Draw: \_\_\_\_\_ Total Outstanding Balance: \_\_\_\_\_

C. Are other parties secondarily liable for the debt incurred?  
 No  Yes (Endorsers and guarantors must be reported on Schedule C.)

D. Are any of the following pledged as collateral for the loan: real estate, personal property, goods, negotiable instruments, certificates of deposit, chattel papers, stocks, accounts receivable, cash on deposit, or other similar traditional collateral?  
 No  Yes If yes, specify: \_\_\_\_\_

What is the value of this collateral? \_\_\_\_\_

Does the lender have a perfected security interest in it?  No  Yes

E. Are any future contributions or future receipts of interest income, pledged as collateral for the loan?  No  Yes If yes, specify: \_\_\_\_\_

What is the estimated value? \_\_\_\_\_

A depository account must be established pursuant to 11 CFR 100.82(e)(2) and 100.142(e)(2).      Location of account: \_\_\_\_\_

Date account established: \_\_\_\_\_      Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

F. If neither of the types of collateral described above was pledged for this loan, or if the amount pledged does not equal or exceed the loan amount, state the basis upon which this loan was made and the basis on which it assures repayment.

|   |               |
|---|---------------|
| G. COMMITTEE TREASURER<br>Typed Name<br>Signature | DATE<br>_____ |
|---|---------------|

H. Attach a signed copy of the loan agreement.

I. TO BE SIGNED BY THE LENDING INSTITUTION:

- I. To the best of this institution's knowledge, the terms of the loan and other information regarding the extension of the loan are accurate as stated above.
- II. The loan was made on terms and conditions (including interest rate) no more favorable at the time than those imposed for similar extensions of credit to other borrowers of comparable credit worthiness.
- III. This institution is aware of the requirement that a loan must be made on a basis which assures repayment, and has complied with the requirements set forth at 11 CFR 100.82 and 100.142 in making this loan.

|  |               |
|--|---------------|
| AUTHORIZED REPRESENTATIVE<br>Typed Name<br>Signature | DATE<br>_____ |
| Title  |               |

**SCHEDULE D (FEC Form 3X)**

**DEBTS AND OBLIGATIONS**

**Excluding Loans**

NAME OF COMMITTEE (In Full)

|  |                           |
|--|---------------------------|
| A. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |

|  |                           |
|--|---------------------------|
| B. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |

|  |                           |
|--|---------------------------|
| C. Full Name (Last, First, Middle Initial) of Debtor or Creditor | Nature of Debt (Purpose): |
| Mailing Address  |                           |
| City State Zip Code  |                           |

|   |                     |   |  |
|---|---------------------|---|--|
| Outstanding Balance Beginning This Period |                     |   |  |
| Amount Incurred This Period               | Payment This Period | Outstanding Balance at Close of This Period |  |

|  |  |
|--|--|
| 1) <b>SUBTOTALS</b> This Period This Page (optional)..... ▶                                      |  |
| 2) <b>TOTALS</b> This Period (last page this line number only)..... ▶                            |  |
| 3) <b>TOTAL OUTSTANDING LOANS</b> from Schedule C (last page only) ..... ▶                       |  |
| 4) <b>ADD 2) and 3)</b> and carry forward to appropriate line of Summary Page (last page only) ▶ |  |

**SCHEDULE E (FEC Form 3X)  
ITEMIZED INDEPENDENT EXPENDITURES**

|  |   |
|--|---|
| NAME OF COMMITTEE (In Full)  | <b>FEC IDENTIFICATION NUMBER</b> ▼<br>C |
| Check if <input type="checkbox"/> 24-hour notice <input type="checkbox"/> 48-hour notice |   |

|  |
|--|
| Full Name (Last, First, Middle Initial) of Payee |
| Mailing Address                                  |
| City State Zip Code                              |

|                                 |
|---------------------------------|
| Date<br>M M / D D / Y Y Y Y Y Y |
| Amount                          |

|  |               |
|--|---------------|
| Purpose of Expenditure   | Category/Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: |               |

|  |                                 |
|--|---------------------------------|
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____<br>District: _____ |
| Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                      |                                 |

|  |
|--|
| Calendar Year-To-Date Per Election for Office Sought |
|--|

|  |
|--|
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |
|--|

|  |
|--|
| Full Name (Last, First, Middle Initial) of Payee |
| Mailing Address                                  |
| City State Zip Code                              |

|                                 |
|---------------------------------|
| Date<br>M M / D D / Y Y Y Y Y Y |
| Amount                          |

|  |               |
|--|---------------|
| Purpose of Expenditure   | Category/Type |
| Name of Federal Candidate Supported or Opposed by Expenditure: |               |

|  |                                 |
|--|---------------------------------|
| Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President | State: _____<br>District: _____ |
| Check One: <input type="checkbox"/> Support <input type="checkbox"/> Oppose                                      |                                 |

|  |
|--|
| Calendar Year-To-Date Per Election for Office Sought |
|--|

|  |
|--|
| Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____ |
|--|

|   |   |  |
|---|---|--|
| (a) <b>SUBTOTAL</b> of Itemized Independent Expenditures .....  | ▶ |  |
| (b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures..... | ▶ |  |
| (c) <b>TOTAL</b> Independent Expenditures .....                 | ▶ |  |

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

\_\_\_\_\_  
Signature

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

**SCHEDULE F (FEC Form 3X)**

**ITEMIZED COORDINATED PARTY EXPENDITURES MADE BY  
POLITICAL PARTY COMMITTEES OR DESIGNATED AGENT(S)  
ON BEHALF OF CANDIDATES FOR FEDERAL OFFICE  
(2 U.S.C. §441a(d))**

(To be used only by Political Committees in the General Election)

|                        |    |
|------------------------|----|
| PAGE                   | OF |
| FOR LINE 25 OF FORM 3X |    |

|  |                                    |   |
|--|------------------------------------|---|
| NAME OF COMMITTEE (In Full)  |                                    | <input type="checkbox"/> Check if<br>24-hour notice |
| Has your committee been designated to make coordinated expenditures by a political party committee?<br><input type="checkbox"/> YES <input type="checkbox"/> NO<br>If YES, name the designating committee: | Full Name of Subordinate Committee |   |
|  | Mailing Address                    |   |
|  | City                               | State ZIP Code                                      |

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) of Each Payee       |  | Purpose of Expenditure  | <input type="checkbox"/>  |
| Mailing Address   |  |   | Category/<br>Type   |
| City State Zip Code   |  | Date  | <input type="checkbox"/>  |
| Name of Federal Candidate Supported                         |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential | State: _____<br>District: _____   |
| Aggregate General Election Expenditure for this Candidate ▶ |  | Amount  | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) |

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) of Each Payee       |  | Purpose of Expenditure  | <input type="checkbox"/>  |
| Mailing Address   |  |   | Category/<br>Type   |
| City State Zip Code   |  | Date  | <input type="checkbox"/>  |
| Name of Federal Candidate Supported                         |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential | State: _____<br>District: _____   |
| Aggregate General Election Expenditure for this Candidate ▶ |  | Amount  | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) |

|   |  |   |   |
|---|--|---|---|
| Full Name (Last, First, Middle Initial) of Each Payee       |  | Purpose of Expenditure  | <input type="checkbox"/>  |
| Mailing Address   |  |   | Category/<br>Type   |
| City State Zip Code   |  | Date  | <input type="checkbox"/>  |
| Name of Federal Candidate Supported                         |  | Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> Presidential | State: _____<br>District: _____   |
| Aggregate General Election Expenditure for this Candidate ▶ |  | Amount  | <input type="checkbox"/> Limit Raised Due to Opponent's Spending (2 U.S.C. §441a(i)/441a-1) |

|   |                          |
|---|--------------------------|
| <b>SUBTOTAL</b> of Expenditures This Page (optional)..... ▶       | <input type="checkbox"/> |
| <b>TOTAL</b> This Period (last page this line number only)..... ▶ | <input type="checkbox"/> |

**SCHEDULE H1 (FEC Form 3X)**

**METHOD OF ALLOCATION FOR:**

- **ALLOCATED FEDERAL AND NON-FEDERAL ADMINISTRATIVE, GENERIC VOTER DRIVE AND EXEMPT ACTIVITY COSTS**
- **ALLOCATED FEDERAL AND LEVIN FUNDS FEDERAL ELECTION ACTIVITY EXPENSES (State, District and Local Party Committees Only)**

NAME OF COMMITTEE (In Full)

**USE ONLY ONE SECTION**

**State and Local Party Committees**

Fixed Percentage (select one)

- \_\_\_\_\_ Presidential-Only Election Year (28% Federal)
- \_\_\_\_\_ Presidential and Senate Election Year (36% Federal)
- \_\_\_\_\_ Senate-Only Election Year (21% Federal)
- \_\_\_\_\_ Non-Presidential and Non-Senate Election Year (15% Federal)

**Separate Segregated Funds and Non-Connected Committees**

Funds Expended

Estimated Direct Candidate Support -- Federal.....  %

Estimated Direct Candidate Support -- Non-Federal.....  %

ADJUSTMENTS TO FUNDS EXPENDED:

Actual Direct Candidate Support -- Federal .....  %

Actual Direct Candidate Support -- Non-Federal.....

**SCHEDULE H2 (FEC Form 3X)**  
**ALLOCATION RATIOS**

NAME OF COMMITTEE (In Full)

**RATIOS FOR ALLOCABLE FUNDRAISING EVENTS AND DIRECT CANDIDATE SUPPORT  
 ACTIVITIES APPEARING ON THIS REPORT.**

Methods of allocation:

- I. **FUNDRAISING** activities are allocated using the "funds received method" where the federal proportion of expenses must equal the federal proportion of monies raised.
- II. Shared **DIRECT CANDIDATE SUPPORT** activities are allocated according to benefit expected to be derived, where the federal proportion of disbursements is based on the benefit derived by federal candidates from the activity.

|  |   |   |
|--|---|---|
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |
| <p>ACTIVITY OR EVENT IDENTIFIER</p> <hr/> <p>ACTIVITY IS:<br/> <input type="checkbox"/> Fundraising    <input type="checkbox"/> Direct Candidate Support</p> <p>CHECK IF THE RATIO IS:<br/> <input type="checkbox"/> New    <input type="checkbox"/> Revised    <input type="checkbox"/> Same as Previously Reported</p> | <p>FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> | <p>NON-FEDERAL %</p> <div style="border: 1px solid black; width: 100px; height: 20px; margin: 5px;"></div> <p>%</p> |

**SCHEDULE H3 (FEC Form 3X)  
 TRANSFERS FROM NON-FEDERAL ACCOUNTS FOR  
 ALLOCATED FEDERAL / NON-FEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

| NAME OF ACCOUNT | DATE OF RECEIPT<br>M M / D D / Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|
|-----------------|--|--------------------------|

**BREAKDOWN OF TRANSFER RECEIVED**

|  |  |  |
|--|--|--|
| <b>i) Total Administrative</b> .....                                   |  |  |
| <b>ii) Generic Voter Drive</b> .....                                   |  |  |
| <b>iii) Exempt Activities</b> .....                                    |  |  |
| <b>iv) Direct Fundraising</b> (List Activity or Event Identifier)      |  |  |
| a) _____   |  |  |
| b) _____   |  |  |
| c) Total Amount Transferred For Direct Fundraising .....               |  |  |
| <b>v) Direct Candidate Support</b> (List Activity or Event Identifier) |  |  |
| a) _____   |  |  |
| b) _____   |  |  |
| c) Total Amount Transferred For Direct Candidate Support .....         |  |  |

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED**

|   |  |
|---|--|
| <b>TOTAL</b> This Period (Administrative) .....           |  |
| <b>TOTAL</b> This Period (Generic Voter Drive) .....      |  |
| <b>TOTAL</b> This Period (Exempt Activities) .....        |  |
| <b>TOTAL</b> This Period (Direct Fundraising) .....       |  |
| <b>TOTAL</b> This Period (Direct Candidate Support) ..... |  |
| <b>TOTAL</b> This Period (Total Amount Transferred) ..... |  |

**SCHEDULE H4 (FEC Form 3X)**

**DISBURSEMENTS OF ALLOCATED FEDERAL/NON-FEDERAL ACTIVITY**

NAME OF COMMITTEE (In Full)

|  |       |  |                |
|--|-------|--|----------------|
| A. Full Name (Last, First, Middle Initial) |       | Allocated Activity or Event:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support |                |
| Mailing Address                            |       | Allocated Activity or Event Year-To-Date   |                |
| City                                       | State | Zip Code   |                |
| Purpose of Disbursement:                   |       | Category/<br>Type  | Date           |
| Activity or Event Identifier:              |       |  |                |
| FEDERAL SHARE                              | +     | NON-FEDERAL SHARE  | = TOTAL AMOUNT |

|  |       |  |                |
|--|-------|--|----------------|
| B. Full Name (Last, First, Middle Initial) |       | Allocated Activity or Event:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support |                |
| Mailing Address                            |       | Allocated Activity or Event Year-To-Date   |                |
| City                                       | State | Zip Code   |                |
| Purpose of Disbursement:                   |       | Category/<br>Type  | Date           |
| Activity or Event Identifier:              |       |  |                |
| FEDERAL SHARE                              | +     | NON-FEDERAL SHARE  | = TOTAL AMOUNT |

|  |       |  |                |
|--|-------|--|----------------|
| C. Full Name (Last, First, Middle Initial) |       | Allocated Activity or Event:<br><input type="checkbox"/> Administrative <input type="checkbox"/> Fundraising <input type="checkbox"/> Exempt<br><input type="checkbox"/> Voter Drive <input type="checkbox"/> Direct Candidate Support |                |
| Mailing Address                            |       | Allocated Activity or Event Year-To-Date   |                |
| City                                       | State | Zip Code   |                |
| Purpose of Disbursement:                   |       | Category/<br>Type  | Date           |
| Activity or Event Identifier:              |       |  |                |
| FEDERAL SHARE                              | +     | NON-FEDERAL SHARE  | = TOTAL AMOUNT |

|   |   |                   |                |
|---|---|-------------------|----------------|
| <b>SUBTOTAL</b> of Allocated Federal and Non-Federal Activity This Page   |   |                   |                |
| FEDERAL SHARE   | + | NON-FEDERAL SHARE | = TOTAL AMOUNT |
| <b>TOTAL</b> This Period (last page for each line only)(Federal share to 21(a)(i) and Non-Federal share to 21(a)(ii)) |   |                   |                |
| FEDERAL SHARE   |   | NON-FEDERAL SHARE | TOTAL AMOUNT   |
| <b>TOTAL</b> This Period for the Non-Federal Share  |   |                   |                |



**SCHEDULE H5 (FEC Form 3X)**

**TRANSFERS OF LEVIN FUNDS RECEIVED FOR ALLOCATED FEDERAL ELECTION ACTIVITY**

(To be used by State, District and Local Party Committees Only)

|                         |    |
|-------------------------|----|
| PAGE                    | OF |
| FOR LINE 18b OF FORM 3X |    |

|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
|-----------------------------|

|                 |  |                          |
|-----------------|--|--------------------------|
| NAME OF ACCOUNT | DATE OF RECEIPT<br>M M / D D / Y Y Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**  
Total Amount Transferred for Voter Registration ..... VOTER REGISTRATION

**ii) Voter ID**  
Total Amount Transferred for Voter ID ..... VOTER ID

**iii) GOTV**  
Total Amount Transferred for GOTV ..... GOTV

**iv) Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity ..... GENERIC CAMPAIGN ACTIVITY

|                 |  |                          |
|-----------------|--|--------------------------|
| NAME OF ACCOUNT | DATE OF RECEIPT<br>M M / D D / Y Y Y Y Y Y | TOTAL AMOUNT TRANSFERRED |
|-----------------|--|--------------------------|

**BREAKDOWN OF THIS TRANSFER**

**i) Voter Registration**  
Total Amount Transferred for Voter Registration ..... VOTER REGISTRATION

**ii) Voter ID**  
Total Amount Transferred for Voter ID ..... VOTER ID

**iii) GOTV**  
Total Amount Transferred for GOTV ..... GOTV

**iv) Generic Campaign Activity**  
Total Amount Transferred for Generic Campaign Activity ..... GENERIC CAMPAIGN ACTIVITY

**TOTALS FOR BREAKDOWN OF TRANSFER RECEIVED (Last Page Only)**

**TOTAL** This Period (Voter Registration).....

**TOTAL** This Period (Voter ID) .....

**TOTAL** This Period (GOTV).....

**TOTAL** This Period (Generic Campaign Activity).....

**TOTAL** This Period (Total Amount of Transfers Received).....

**SCHEDULE H6 (FEC Form 3X)  
DISBURSEMENTS OF FEDERAL AND LEVIN FUNDS  
FOR ALLOCATED FEDERAL ELECTION ACTIVITY**  
(To be used by State, District and Local Party Committees Only)

NAME OF COMMITTEE (In Full)

|   |       |               |  |  |                      |
|---|-------|---------------|--|--|----------------------|
| A. Full Name (Last, First, Middle Initial) / Full Organization Name |       |               | Type of Allocated Activity or Event:<br><input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV<br><input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign |  |                      |
| Mailing Address   |       |               | Allocated Activity or Event Year-To-Date   |  |                      |
| City  | State | Zip Code      | <input type="text"/> / <input type="text"/> / <input type="text"/>   |  |                      |
| Purpose of Disbursement   |       | Category/Type | Date   |  |                      |
|   |       |               | <input type="text"/> / <input type="text"/> / <input type="text"/>   |  |                      |
| FEDERAL SHARE   |       | +             | LEVIN SHARE  |  | = TOTAL AMOUNT       |
| <input type="text"/>  |       |               | <input type="text"/>   |  | <input type="text"/> |

|   |       |               |  |  |                      |
|---|-------|---------------|--|--|----------------------|
| B. Full Name (Last, First, Middle Initial) / Full Organization Name |       |               | Type of Allocated Activity or Event:<br><input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV<br><input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign |  |                      |
| Mailing Address   |       |               | Allocated Activity or Event Year-To-Date   |  |                      |
| City  | State | Zip Code      | <input type="text"/> / <input type="text"/> / <input type="text"/>   |  |                      |
| Purpose of Disbursement   |       | Category/Type | Date   |  |                      |
|   |       |               | <input type="text"/> / <input type="text"/> / <input type="text"/>   |  |                      |
| FEDERAL SHARE   |       | +             | LEVIN SHARE  |  | = TOTAL AMOUNT       |
| <input type="text"/>  |       |               | <input type="text"/>   |  | <input type="text"/> |

|   |       |               |  |  |                      |
|---|-------|---------------|--|--|----------------------|
| C. Full Name (Last, First, Middle Initial) / Full Organization Name |       |               | Type of Allocated Activity or Event:<br><input type="checkbox"/> Voter Registration <input type="checkbox"/> GOTV<br><input type="checkbox"/> Voter ID <input type="checkbox"/> Generic Campaign |  |                      |
| Mailing Address   |       |               | Allocated Activity or Event Year-To-Date   |  |                      |
| City  | State | Zip Code      | <input type="text"/> / <input type="text"/> / <input type="text"/>   |  |                      |
| Purpose of Disbursement   |       | Category/Type | Date   |  |                      |
|   |       |               | <input type="text"/> / <input type="text"/> / <input type="text"/>   |  |                      |
| FEDERAL SHARE   |       | +             | LEVIN SHARE  |  | = TOTAL AMOUNT       |
| <input type="text"/>  |       |               | <input type="text"/>   |  | <input type="text"/> |

|   |  |   |                      |  |                      |
|---|--|---|----------------------|--|----------------------|
| <b>SUBTOTAL</b> of Shared Federal and Levin Activity This Page  |  |   |                      |  |                      |
| FEDERAL SHARE   |  | + | LEVIN SHARE          |  | = TOTAL AMOUNT       |
| <input type="text"/>  |  |   | <input type="text"/> |  | <input type="text"/> |
| <b>TOTAL</b> This Period (last page for each line only)(Federal share to 30(a)(i) and Levin share to 30(a)(ii)) |  |   |                      |  |                      |
| FEDERAL SHARE   |  |   | LEVIN SHARE          |  | TOTAL AMOUNT         |
| <input type="text"/>  |  |   | <input type="text"/> |  | <input type="text"/> |
| <b>TOTAL</b> This Period for the Levin Share  |  |   |                      |  |                      |
|   |  |   | <input type="text"/> |  |                      |

**SCHEDULE L (FEC Form 3X)**  
**AGGREGATION PAGE: LEVIN FUNDS**

|                             |
|-----------------------------|
| NAME OF COMMITTEE (In Full) |
| NAME OF ACCOUNT             |

|   | COLUMN A<br>TOTAL THIS PERIOD | COLUMN B<br>YEAR-TO-DATE |
|---|-------------------------------|--------------------------|
| 1. RECEIPTS FROM PERSONS  |                               |                          |
| (a) Itemized .....<br>(Use Schedule L-A)                            |                               |                          |
| (b) Unitemized .....  |                               |                          |
| (c) Total .....   |                               |                          |
| 2. OTHER RECEIPTS .....   |                               |                          |
| 3. TOTAL RECEIPTS .....   |                               |                          |
| (Add Lines 1c and 2)  |                               |                          |
| 4. TRANSFERS TO FEDERAL OR ALLOCATION ACCOUNT<br>(Use Schedule L-B) |                               |                          |
| (a) Voter Registration .....  |                               |                          |
| (b) Voter ID .....  |                               |                          |
| (c) GOTV .....  |                               |                          |
| (d) Generic Campaign .....  |                               |                          |
| (e) Total .....   |                               |                          |
| 5. OTHER DISBURSEMENTS .....  |                               |                          |
| 6. TOTAL DISBURSEMENTS .....  |                               |                          |
| (Add Lines 4e and 5)  |                               |                          |
| 7. BEGINNING CASH ON HAND .....                                     |                               |                          |
| (for Column B, use cash as of January 1st)                          |                               |                          |
| 8. RECEIPTS .....   |                               |                          |
| (from Line 3)   |                               |                          |
| 9. SUBTOTAL .....   |                               |                          |
| (Add Lines 7 and 8)   |                               |                          |
| 10. DISBURSEMENTS .....   |                               |                          |
| (From Line 6)   |                               |                          |
| 11. ENDING CASH ON HAND .....                                       |                               |                          |
| (Subtract Line 10 From Line 9)                                      |                               |                          |



**SCHEDULE L-B (FEC Form 3X)  
ITEMIZED DISBURSEMENTS  
OF LEVIN FUNDS**

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

|                                      |                             |                            |
|--------------------------------------|-----------------------------|----------------------------|
| FOR LINE NUMBER:<br>(check only one) | PAGE                        | OF                         |
| <input type="checkbox"/> 4a          | <input type="checkbox"/> 4c | <input type="checkbox"/> 5 |
| <input type="checkbox"/> 4b          | <input type="checkbox"/> 4d |                            |

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)

|           |  |   |
|-----------|--|---|
| <b>A.</b> | Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement  |
|           | Mailing Address  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|           | City State Zip Code  | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement  | <input type="text"/>  |

|           |  |   |
|-----------|--|---|
| <b>B.</b> | Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement  |
|           | Mailing Address  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|           | City State Zip Code  | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement  | <input type="text"/>  |

|           |  |   |
|-----------|--|---|
| <b>C.</b> | Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement  |
|           | Mailing Address  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|           | City State Zip Code  | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement  | <input type="text"/>  |

|           |  |   |
|-----------|--|---|
| <b>D.</b> | Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement  |
|           | Mailing Address  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|           | City State Zip Code  | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement  | <input type="text"/>  |

|           |  |   |
|-----------|--|---|
| <b>E.</b> | Full Name (Last, First, Middle Initial) / Full Organization Name | Date of Disbursement  |
|           | Mailing Address  | <input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y |
|           | City State Zip Code  | Amount of Each Disbursement this Period   |
|           | Purpose of Disbursement  | <input type="text"/>  |

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