

EXPRESS MAIL

APR 22 1992

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee (Summary Page)

RECEIVED DEPT OF TREASURY & REGISTRATION 1992 APR 24 AM 10:20

USE FEC MAILING LABEL OR TYPE OR PRINT

1. NAME OF COMMITTEE (in full)
HAMILTON FOR CONGRESS

ADDRESS (number and street) Check if different than previously reported.
P. O. Box 99

CITY, STATE and ZIP CODE STATE/DISTRICT
JEFFERSONVILLE, IN 47150

2. FEC IDENTIFICATION NUMBER
007935

3. IS THIS REPORT AN AMENDMENT?
 YES NO

NAME OF THE CLERK
CDD 7322 IF REPRESENTATIVE

4. TYPE OF REPORT

April 15 Quarterly Report

Twelfth day report preceding Primary election on 5-5-92 in the State of INDIANA (Type of Election)

July 15 Quarterly Report

October 15 Quarterly Report

January 31 Year End Report

July 31 Mid-Year Report (Non-election Year Only)

Termination Report

This report contains activity for Primary Election General Election Special Election Runoff Election

SUMMARY

5. Covering Period	COLUMN A This Period	COLUMN B Calendar Year-to-Date
4-1-92 through 4-15-92		
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))	13,975.00	74,430.00
(b) Total Contribution Refunds (from Line 20(d))	- 0 -	- 0 -
(c) Net Contributions (other than loans) (subtract Line 6(b) from 6(a))	13,975.00	74,430.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	4,771.86	30,695.33
(b) Total Offsets to Operating Expenditures (from Line 14)	- 0 -	- 0 -
(c) Net Operating Expenditures (subtract Line 7(b) from 7(a))	4,771.86	30,695.33
8. Cash on Hand at Close of Reporting Period (from Line 27)	153,978.76	
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	- 0 -	

For further information contact:
Federal Election Commission
999 E Street, NW
Washington, DC 20463
Toll Free 800-424-9530
Local 202-376-3120

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
Robert L. Prather

Signature of Treasurer
Robert L. Prather

Date
4-17-92

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

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DETAILED SUMMARY PAGE

of Receipts and Disbursements
(Page 2, FEC FORM 3)

Name of Committee (in full)	Report Covering the Period:	
HAMILTON FOR CONGRESS	From: 4-1-92	To: 4-15-92
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)	500.00	
(ii) Unitemized	2,875.00	
(iii) Total of contributions from individuals	3,375.00	45,830.00
(b) Political Party Committees	- 0 -	- 0 -
(c) Other Political Committees (such as PACs)	10,600.00	28,600.00
(d) The Candidate	- 0 -	- 0 -
(e) TOTAL CONTRIBUTIONS (other than loans) (add 11(a)(iii), (b), (c) and (d))	13,975.00	74,430.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES.	- 0 -	- 0 -
13. LOANS:		
(a) Made or Guaranteed by the Candidate	- 0 -	- 0 -
(b) All Other Loans	- 0 -	- 0 -
(c) TOTAL LOANS (add 13(a) and (b))	- 0 -	- 0 -
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	- 0 -	- 0 -
15. OTHER RECEIPTS (Dividends, Interest, etc.)	- 0 -	- 0 -
16. TOTAL RECEIPTS (add 11(e), 12, 13(c), 14 and 15)	13,975.00	75,391.37
II. DISBURSEMENTS		
17. OPERATING EXPENDITURES	4,771.86	30,695.33
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES.	- 0 -	- 0 -
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate	- 0 -	- 0 -
(b) Of All Other Loans	- 0 -	- 0 -
(c) TOTAL LOAN REPAYMENTS (add 19(a) and (b))	- 0 -	- 0 -
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees	- 0 -	- 0 -
(b) Political Party Committees	- 0 -	- 0 -
(c) Other Political Committees (such as PACs)	500.00	500.00
(d) TOTAL CONTRIBUTION REFUNDS (add 20(a), (b) and (c))	- 0 -	- 0 -
21. OTHER DISBURSEMENTS	- 0 -	- 0 -
22. TOTAL DISBURSEMENTS (add 17, 18, 19(c), 20(d) and 21)	5,271.86	31,195.33
III. CASH SUMMARY		
23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD	\$	145,275.62
24. TOTAL RECEIPTS THIS PERIOD (from Line 16)	\$	13,975.00
25. SUBTOTAL (add Line 23 and Line 24)	\$	159,250.62
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22)	\$	5,271.86
27. CASH ON HAND AT CLOSE OF THE REPORTING PERIOD (subtract Line 26 from 25)	\$	153,978.76

9 2 0 1 4 5 0 2 5 3 5

11(a)(i)
11(a)(ii)
11(a)(iii)
11(b)
11(c)
11(d)
11(e)
12
13(a)
13(b)
13(c)
14
15
16
17
18
19(a)
19(b)
19(c)
20(a)
20(b)
20(c)
20(d)
21
22
23
24
25
26
27

SCHEDULE A

ITEMIZED RECEIPTS

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)
HAMILTON FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code Birch E. Bayh 5019 Lowell St., N.W. Washington, DC 20016	Name of Employer Attorney Self-employed	Date (month, day, year) 4-14-92	Amount of Each Receipt this Period 500.00
	Occupation Attorney	Aggregate Year-to-Date > \$ 500.00	
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
	Occupation	Aggregate Year-to-Date > \$	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):			

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SUBTOTAL of Receipts This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00

SCHEDULE A

ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (in Full)

HAMILTON FOR CONGRESS

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NRA Political Victory Fund 1600 Rhode Island Ave. NW Washington, DC 20036	Nat'l Rifle Assn.	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Dunn & Bradstreet PAC 600 Maryland Ave. SW, Ste. 240 Washington, DC	Dun & Bradstreet	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Eli Lilly & Co. PAC Lilly Corporate Center Indianapolis, IN 46285	Eli Lilly & Co.	4-14-92	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Ocean Spray PAC 225 Water Street Plymouth, MA 02360	Ocean Spray Cranberries	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
ACBL, Effective Gov't Fund P. O. Box 610 Jeffersonville, IN 47130	Amer. Commercial Barge Lines	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IN Bell Tele. Co., PAC 240 N. Meridian St. Indianapolis, IN 46204	Indiana Bell Telephone Co.	4-14-92	1,500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 1,500.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Chevron Employees PAC 575 Market St., Rm. 908 San Francisco, CA 94105	Chevron	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	

SUBTOTAL of Receipts This Page (optional) 5,000.00

TOTAL This Period (last page this line number only)

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SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE	OF
2	3
FOR LINE NUMBER	
11c	

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NAME OF COMMITTEE (in Full)

HAMILTON FOR CONGRESS

92014502538

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Martin Marietta PAC 6801 Rockledge Dr. Bethesda, MD 20817	Martin Marietta	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Laborers' Political League 905-16th St. NW Washington, DC 20006	Laborer's Inter'l Union-AFL-CIO	4-14-92 4-4-92	500.00 500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$1,000.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
General Dynamics Voluntary Political Contribution Plan 1745 Jefferson Davis Hwy. Arlington, VA 22202	General Dynamics	4-14-92	1,000.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$1,000.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Boeing PAC P. O. Box 3707 Seattle, Washington 98124	Boeing	4-14-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
United Rubber, Cork, Linoleum & Plastic Workers of America 87 South High St. Akron, OH 44308	United Rubber, Cork, Linoleum & Plastic	4-4-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
IPALCO Enterprises, Inc. PAC 25 Monument Circle Indianapolis, IN 46204	Indiana Power & Light Co.	4-4-92	100.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 100.00	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Nat'l Cattlemen's Assn. PAC 5420 S. Quebec St. Englewood, CO 80155	Nat'l Cattlemen's Assn.	4-4-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	4,100.00
TOTAL This Period (last page this line number only)	

SCHEDULE A

ITEMIZED RECEIPTS

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

PAGE 3 OF 3
FOR LINE NUMBER 11c

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NAME OF COMMITTEE (in Full)

HAMILTON FOR CONGRESS

9 3 0 1 4 5 0 2 5 3 9

A. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
NAPUS PAC 8 Herbert St. Alexandria, VA	Nat'l Association of Postmasters	4-4-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
B. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
RAYTHEON PAC 141 Spring St. Lexington, MA 02173	Raytheon	4-4-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
C. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
HOTEL EMPLOYEES & Restaurant Employees Int'l Union 1219 - 28th St. N.W. Washington, DC 20007	Hotel Employees & Restaurant Employees	4-4-92	500.00
Receipt For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation Political Action Comm.	Aggregate Year-to-Date > \$ 500.00	
D. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
E. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
F. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	
G. Full Name, Mailing Address and ZIP Code	Name of Employer	Date (month, day, year)	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify):	Occupation	Aggregate Year-to-Date > \$	

SUBTOTAL of Receipts This Page (optional)	1,500.00
TOTAL This Period (last page this line number only)	10,600.00

SCHEDULE B

ITEMIZED DISBURSEMENTS

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

PAGE 1 OF 1
FOR LINE NUMBER 17

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NAME OF COMMITTEE (In Full)

HAMILTON FOR CONGRESS

9 2 0 1 4 3 0 2 5 4 0

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Geraldine Ferree 486 Long Court New Albany, IN 47150	Payroll for Secretary Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-2-92	446.91
B. Full Name, Mailing Address and ZIP Code Dr. Ronald L. Receveur 819 Mt. Tabor Road New Albany, IN 47150	Headquarters rent Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	375.00
C. Full Name, Mailing Address and ZIP Code Nilan Bookkeeping & Clerical P. O. Box 6782 New Albany, IN 47150	March Bookkeeping/ Clerical Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	425.00
D. Full Name, Mailing Address and ZIP Code Merchants National Bank One Merchants Plaza Indianapolis, IN 46255	Food & Breakfast Reception Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	539.26
E. Full Name, Mailing Address and ZIP Code (MEMO ENTRY) Embassy Suites Indianapolis, IN	Breakfast Reception Expenses Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	477.76
F. Full Name, Mailing Address and ZIP Code AT & T P. O. Box 85850 Louisville, KY 40285	Long Distance Charges Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	120.42
G. Full Name, Mailing Address and ZIP Code Pitney Bowes P. O. Box 85390 Louisville, KY 40285-5390	Meter rental Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	166.95
H. Full Name, Mailing Address and ZIP Code DeSisti Associates 901 15th St., N.W. #700 Washington, D.C. 20005	March Consulting Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-7-92	1,698.32
I. Full Name, Mailing Address and ZIP Code Robert Winningham 819 Mt. Tabor Road New Albany, IN 47150	Media Consultant Fee Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-13-92	1,000.00

SUBTOTAL of Disbursements This Page (optional)	4,771.86
TOTAL This Period (last page this line number only)	4,771.86

SCHEDULE B

ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (in Full)
HAMILTON FOR CONGRESS

9 9 0 1 4 5 0 2 5 4 1

A. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement	Date (month, day, year)	Amount of Each Disbursement This Period
Indiana Democratic State Comm. P. O. Box 3366 Indianapolis, IN 46204	Purchase of Dinner Tickets Disbursement for: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	4-13-92	500.00
B. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
C. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
D. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
E. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
F. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
G. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
H. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period
I. Full Name, Mailing Address and ZIP Code	Purpose of Disbursement Disbursement for: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Date (month, day, year)	Amount of Each Disbursement This Period

SUBTOTAL of Disbursements This Page (optional)	500.00
TOTAL This Period (last page this line number only)	500.00