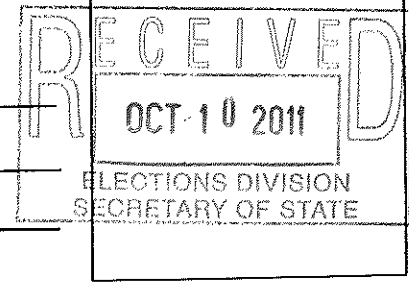


Political Committee  
REPORT OF RECEIPTS AND DISBURSEMENTS  
Initiative Monthly Report

Name of Committee Mississippians for Healthy Families  
Address PO Box 55662, Jackson, MS 39296  
Telephone 601-360-1349 Fax 601-360-1491  
Director Nsombi Lambright Treasurer Kay Scott



Check here if above is different from previous report - only change is last digit of phone #

**TYPE OF REPORT**

September, 2011 Monthly Report (due 10<sup>th</sup> of following Month).....Mandatory  
(Month)

\_\_\_\_ Termination Report (Committee or Individual will no longer accept contributions or make expenditures and has no outstanding campaign debt obligation) Required to terminate reporting obligations

**IMPORTANT**

- (1) A political committee that either receives contributions or makes expenditures in excess of Two Hundred Dollars (\$200.00) shall file financial reports with the Secretary of State.
- (2) An individual person who on his or her own behalf expends in excess of Two Hundred Dollars (\$200.00) for the purpose of influencing the passage or defeat of a measure shall file financial reports with the Secretary of State.
- (3) The financial reports required in this section shall be filed monthly, not later than the tenth day of the month following the month being reported, after a political committee or individual exceeds the contribution or expenditure limits. Financial reports must continue to be filed until all contributions and expenditures cease. In all cases a financial report shall be filed thirty (30) days following the election on a measure.
- (4) The receiving authority must be in actual receipt of the required reports by 5:00 p.m. on the reporting day. If the deadline falls on a weekend or a holiday, the office must be in actual receipt of the required reports by 5:00 p.m. on the last working day before the deadline. Faxed reports are acceptable.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS**

	Itemized + Non-itemized =	This Period	Calendar Year-To-Date
Total amount of contributions	\$153,779.45 + \$885.00	\$154,664.45	\$154,664.45
Total amount of disbursements	\$18,601.25 + \$64.47	\$18,745.72	\$18,745.72
Total amount of cash on hand		\$83,089.28	

I certify that I have examined this report and to the best of my knowledge and belief it is true, accurate, and complete.

Nsombi Lambright  
Signature of Director or Treasurer

10/10/2011  
Date

Authority: Refer to Miss. Code Ann. §§23-17-49 & 23-17-51 (1972) et. seq. for statutory requirements.  
Penalties: Failure to submit required reports, or failure to submit reports in accordance with statutory deadlines, or failure to submit valid reports shall result in fines of \$50 per day and/or prosecution in accordance with Miss. Code Ann. 23-15-813 (1972).

SEND TO: 1. Political Committees and Individuals should return this form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-576-2545.

Name of Candidate or Committee Mississippians for Healthy FamiliesReporting period 9/1/2011 through 9/30/2011

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood of Southern New Jersey</u>	<u>09</u> / <u>29</u> / <u>11</u>	\$ <u>3000.00</u>
Mailing Address <u>317 Broadway</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Camden, New Jersey, 08103</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>3000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood of Northeast and Mid-Penn</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>500.00</u>
Mailing Address <u>P. O. Box 813</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Trexlerstown, PA 18087</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>500.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood of North Florida, Inc.</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>1000.00</u>
Mailing Address <u>3850 Beach Blvd.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Jacksonville, FL 32207</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PPAO Action Fund</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>1000.00</u>
Mailing Address <u>206 E. State St.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Columbus, OH 43215</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1000.00</u>

Name of Candidate or Committee Mississippians for Healthy FamiliesReporting period 9/1/2011 through 9/30/2011

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>PPAO Institute for Research &amp; Education</u>	<u>09</u> / <u>29</u> / <u>11</u>	\$ <u>2000.00</u>
Mailing Address <u>206 East State Street</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Columbus, OH 43215</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood of the Rocky Mountains</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>5000.00</u>
Mailing Address <u>7155 E. 38th Ave.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Denver, CO 80207-1630</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>5000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood of Southwest and Central Florida, Inc.</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>2000.00</u>
Mailing Address <u>736 Central Ave.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Sarasota, FL 34236</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood of Orange &amp; San Bernardino Counties Community Action Fund</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>25,000.00</u>
Mailing Address <u>700 S. Tustin St.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Orange, CA 92866</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>25,000.00</u>

Name of Candidate or Committee Mississippians for Healthy FamiliesReporting period 9/1/2011 through 9/30/2011

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Florida Association of Planned Parenthood Affiliates, Inc.</u>	<u>09</u> / <u>29</u> / <u>11</u>	\$ <u>5,000.00</u>
Mailing Address <u>736 Central Avenue</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Sarasota, FL 34236</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>5,000.00</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Planned Parenthood of Indiana</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>2000.00</u>
Mailing Address <u>P. O. Box 397</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Indianapolis, Indiana 46206-0397</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2000.00</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>The Planned Parenthood Trust of San Antonio and South Central Texas</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>2000.00</u>
Mailing Address <u>104 Babcock Rd.</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>San Antonio, TX 78201</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>2000.00</u>
D. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Ms. Elaine B. Alexander</u>	<u>9</u> / <u>29</u> / <u>11</u>	\$ <u>200.00</u>
Mailing Address <u>750 Park Avenue, 31 SE</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
City, State, Zip Code <u>Atlanta, GA 30326</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Name of Employer (Required) <u>N/A</u>	<u>  </u> / <u>  </u> / <u>  </u>	\$ _____
Occupation (Required) <u>Community Volunteer</u>	Aggregate year-to-date	\$ <u>200.00</u>

Name of Candidate or Committee Mississippians for Healthy FamiliesReporting period 9/1/2011 through 9/30/2011

## ITEMIZED RECEIPTS

A. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Valerie McCarthy</u>	<u>9 / 29 / 11</u>	\$ <u>1000.00</u>
Mailing Address <u>79 Romana Dr.</u>	____/____/____	\$ _____
City, State, Zip Code <u>Hampton Bays, NY 11946</u>	____/____/____	\$ _____
Name of Employer (Required) <u>Dyna Empire, Inc.</u>	____/____/____	\$ _____
Occupation (Required) <u>Director of Community Relations</u>	Aggregate year-to-date	\$ <u>1000.00</u>
B. Source: <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Alan Kaye</u>	<u>9 / 29 / 11</u>	\$ <u>250.00</u>
Mailing Address <u>23512 Collins St.</u>	____/____/____	\$ _____
City, State, Zip Code <u>Woodland Hills CA 91367-3016</u>	____/____/____	\$ _____
Name of Employer (Required) <u>N/A</u>	____/____/____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>250.00</u>
C. Source <input type="checkbox"/> Corporation <input type="checkbox"/> PAC <input checked="" type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Karen Grove</u>	<u>9 / 26 / 11</u>	\$ <u>1000.00</u>
Mailing Address <u>3826 Alameda De Las Pulgas</u>	____/____/____	\$ _____
City, State, Zip Code <u>Menlo Park CA 94025-6210</u>	____/____/____	\$ _____
Name of Employer (Required) <u>N/A</u>	____/____/____	\$ _____
Occupation (Required) <u>Retired</u>	Aggregate year-to-date	\$ <u>1000.00</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood Affiliates of California-IN KIND</u>	<u>9 / 20 / 11</u>	\$ <u>8248.63</u>
Mailing Address <u>555 Capitol Mall, Suite 510</u>	____/____/____	\$ _____
City, State, Zip Code <u>Sacramento, CA 95814</u>	____/____/____	\$ _____
Name of Employer (Required) <u>N/A</u>	____/____/____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>8248.63</u>

Name of Candidate or Committee Mississippians for Healthy FamiliesReporting period 9/1/2011 through 9/30/2011

## ITEMIZED RECEIPTS

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood Greater Memphis Region - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>609.67</u>
Mailing Address <u>2430 Poplar</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Memphis, TN 38112</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>609.67</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood Advocacy Project Los Angeles County Action Fund - Issues - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>3169.62</u>
Mailing Address <u>400 W 30th St.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>Los Angeles, CA 90007</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>3169.62</u>
C. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood Federation of America - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>21,758.60</u>
Mailing Address <u>434 West 33rd St.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>New York, NY 10001</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>21,758.60</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/> Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Planned Parenthood Action Fund</u>	<u>9 / 22 / 11</u>	\$ <u>50,000</u>
Mailing Address <u>434 West 33rd St.</u>	____ / ____ / ____	\$ _____
City, State, Zip Code <u>New York, NY 10001</u>	____ / ____ / ____	\$ _____
Name of Employer (Required) <u>N/A</u>	____ / ____ / ____	\$ _____
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>50,000</u>

Name of Candidate or Committee Mississippians for Healthy FamiliesReporting period 9/1/2011 through 9/30/2011**ITEMIZED RECEIPTS**

A. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>American Civil Liberties Union Foundation - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>1,477</u>
Mailing Address <u>125 Broad Street, 18th Floor</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>New York, NY 10004</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1,477</u>
B. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Planned Parenthood Southeast, Inc - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>16,235.78</u>
Mailing Address <u>75 Piedmont Ave, #800</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Atlanta, GA 30303</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>16,235.78</u>
C. Source <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>Planned Parenthood of the St. Louis Region and Southwest MO - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>299.15</u>
Mailing Address <u>4251 Forest Park Ave.</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>St. Louis, MO 63108</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>299.15</u>
D. Source: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> PAC <input type="checkbox"/> Individual <input type="checkbox"/> Loan <input type="checkbox"/>	Date (Mo., Day, Year)	Amount of each receipt this period
Other (please specify) _____		
Full name <u>ACLU of MS - IN KIND</u>	<u>9 / 30 / 11</u>	\$ <u>1031.00</u>
Mailing Address <u>753 North Congress</u>	<u>  /  /  </u>	\$ <u>  </u>
City, State, Zip Code <u>Jackson, MS, 39202</u>	<u>  /  /  </u>	\$ <u>  </u>
Name of Employer (Required) <u>N/A</u>	<u>  /  /  </u>	\$ <u>  </u>
Occupation (Required) <u>N/A</u>	Aggregate year-to-date	\$ <u>1031.00</u>

Mississippians for Healthy Families

Name of Candidate or Committee

Reporting period September 1, 2011 through September 30, 2011

# ITEMIZED DISBURSEMENTS

<b>A. Full name</b> Begley Law Firm, PLLC	<b>Date</b> (Mo., Day, Year) 09 / 26 / 11	<b>Amount of each disbursement this period</b> \$ 1,181.25
<b>Mailing Address</b> 123 N. State Street	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> <i>Legal advice</i>	<b>Aggregate Year-to-date</b>	\$ 1,181.25
<b>B. Full name</b> Southern Strategy Group	<b>Date</b> (Mo., Day, Year) 09 / 27 / 11	<b>Amount of each disbursement this period</b> \$ 17,500.00
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b> Jackson, MS	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b> <i>Consulting</i>	<b>Aggregate Year-to-date</b>	\$ 17,500.00
<b>C. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>D. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>E. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$
<b>F. Full name</b>	<b>Date</b> (Mo., Day, Year)	<b>Amount of each disbursement this period</b>
<b>Mailing Address</b>	___ / ___ / ___	\$
<b>City, State, Zip Code</b>	___ / ___ / ___	\$
<b>Purpose of Disbursement (Optional)</b>	<b>Aggregate Year-to-date</b>	\$