2010 ELECTION CYCLE

Delbert Hosemann
SECRETARY OF STATE

Political Committee
REPORT OF RECEIPTS AND DISBURSEMENTS
2010 Judicial Election

RECEIVED
JAN 10 2011
ELECTIONS DIVISION
SECRETARY OF STATE
DATE STAMP

Name of Committee: Committee to Elect John Emfinger

Address: PO Box 56, Brandon, MS 39043

Telephone: 601-942-0122 Fax:

Treasurer: Mary Ann Hood Email: hoodma@bellsouth.net

☐ Check here if above is different from previous report

TYPE OF REPORT

_____ **May 10, 2010 Periodic Report** (January 1, 2010, through April 30, 2010).....**Mandatory**

_____ **June 10, 2010 Periodic Report** (May 1, 2010, through May 31, 2010).....**Mandatory**

_____ **July 9, 2010 Periodic Report** (June 1, 2010, through June 30, 2010).....**Mandatory**

_____ **October 10, 2009 Periodic Report** (July 1, 2010, through September 30, 2010).....**Mandatory**

_____ **October 26, 2010 Pre-Election Report** (October 1, 2010, through October 23, 2010).....**Mandatory**

_____ **November 16, 2010 Pre-Runoff Report** (October 24, 2010, through November 13, 2010).....**Runoff Candidates**

✓ **January 10, 2011 Periodic Report** (October 1, 2010, through December 31, 2010).....**Mandatory**

✓ **Termination Report** (Candidate will no longer accept contributions or make campaign expenditures and has no outstanding campaign debt obligation) **Required to terminate reporting obligations**

IMPORTANT

(1) **Pre-Election reports are mandatory, even if no contributions or expenditures have occurred. In such case, the candidate shall submit a report indicating "0" (Zero) for total amount of reported contributions and expenditures during this period.**

(2) **Until a Candidate files a Termination Report, annual and periodic reports must still be filed in accordance with Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).**

(3) **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 first 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	$17450 +$ 5605	$ 23055	$ 56,939
Total amount of disbursements	$31,639 +$ 912	$ 32,551.00	$ 51,240
Total amount of cash on hand		$ 5699.	

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

Mary Ann Hood
Signature of Director or Treasurer

1-9-2011
Date

Authority: Refer to Miss. Code Ann. §23-15-801 (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. §§ 23-15-811 and 813 (1972).

SEND TO: 1. Candidates for Statewide, State district, multi-county and all legislative offices should return form to Secretary of State, Elections Division, P. O. Box 136, Jackson, MS 39205 or fax to 601-359-1499 or 601-576-2819.
2. Candidates for countywide and county district offices should return forms to their county Circuit Clerk.

Name of Candidate or Committee to elect John Emfinger

Reporting period Oct 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Sheila Maulding	10/14/10	$ 900
Mailing Address: 671 Country Place Dr.	__/__/__	$
City, State, Zip Code: Pearl, MS 39208	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 900

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Baxter Burns	10/13/10	$ 250
Mailing Address: 212 Arthur's Court	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: George Malouf	10/22/10	$ 1000
Mailing Address: 507 Giles LN	__/__/__	$
City, State, Zip Code: Madison, MS 39110	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pinehelt Ventures, LLC	10/22/10	$ 1000
Mailing Address: PO Box 6116	__/__/__	$
City, State, Zip Code: Pearl, MS 39288	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 1000

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Carley Page	10/22/10	$ 250
Mailing Address: 103 Woodlands Green Cove	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: DAVID BLACK	10/22/10	$ 500
Mailing Address: 304 London Cove	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Percy Stanfield	10/25/10	$ 500
Mailing Address: 405 Tombigbee St.	__/__/__	$
City, State, Zip Code: JACKSON, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Magee	10/22/10	$ 500
Mailing Address: 107 Springtree	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify) In Kind	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Pete Mills	10/8/10	$ 250.00
Mailing Address: 109 Longwood Dr	__/__/__	$
City, State, Zip Code: Brandon, MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Nucor Steel Recyclers of Miss	10/21/10	$ 250.00
Mailing Address: 3630 Fourth St.	__/__/__	$
City, State, Zip Code: Flowood, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.00

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: LATTY Auto Sales	10/23/10	$ 300.00
Mailing Address: 1692 Hwy 80	__/__/__	$
City, State, Zip Code: PEAR, MS 39208	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300.

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee Committee to elect John Enfinger

Reporting period Oct 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: J. Lee Smith	12/8/10	$ 300.
Mailing Address: 1411 Steele Station Rd	__/__/__	$
City, State, Zip Code: Rainbow City, Al 35906	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 300

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) PA	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Blair & Boudurant, PA	12/8/10	$ 500.
Mailing Address: PO Box 321423	__/__/__	$
City, State, Zip Code: Jackson, MS 39232	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 500

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bobinger Law Firm	12/8/10	$ 250
Mailing Address: PO Box 3015	__/__/__	$
City, State, Zip Code: Jackson, MS 39207	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250

D. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: The Camp Law Firm, PLLC	12/8/10	$ 250.
Mailing Address: 1764 Lelia Dr	__/__/__	$
City, State, Zip Code: Jackson MS 39216	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 250.

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct 1, 2010 through Dec 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name James Ashley Ogden	11/5/10	$ 2500.
Mailing Address 500 E. Capitol, suite 3	__/__/__	$
City, State, Zip Code Jackson, MS 39201	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Miss. Physicians PAC	11/10/10	$ 2500
Mailing Address 404 West Parkway Place	__/__/__	$
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Robert / Carol Jones	10/31/10	$ 300.
Mailing Address 227 Coon Hunters Rd	__/__/__	$
City, State, Zip Code Brandon MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☑ Other (please specify) PLLC	Date (Mo., Day, Year)	Amount of each receipt this period
Full name Owens Moss, PLLC	10/27/10	$ 400.00
Mailing Address PO Box 808	__/__/__	$
City, State, Zip Code Jackson, MS 39205	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to Elect John Emfinger

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ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☑ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Bankplus PAC for Responsible Gov.	12/8/10	$ 500
Mailing Address: 1068 Highland colony Pkwy	__/__/__	$
City, State, Zip Code: Ridgeland MS 39157	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Watson and Jones, PA	12/8/10	$ 500
Mailing Address: 2829 Lakeland Drive	__/__/__	$
City, State, Zip Code: Jackson, MS 39225	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: William P. Featherston, Jr. INC	12/8/10	$ 500
Mailing Address: PO Box 1105	__/__/__	$
City, State, Zip Code: Ridgeland, MS 39158	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: MARK BAKER	9/14/10	$ 200.
Mailing Address: 244 Dominion Parkway	12/8/10	$ 250
City, State, Zip Code: Brandon MS 39042	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Crymes Pittman	12/8/10	$ 500
Mailing Address: 410 S. President St	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: John K. Bramlett	12/8/10	$ 500
Mailing Address: 116 Meadow Pointe Cv	/ /	$
City, State, Zip Code: Brandon, MS 39042	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Mandy Rogers	12/8/10	$ 250.00
Mailing Address: PO Box 2405	/ /	$
City, State, Zip Code: Madison, MS 39110	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$

D. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Don Evans	12/8/10	$ 1000
Mailing Address: 600 East Capitol St suite 2	/ /	$
City, State, Zip Code: Jackson, MS 39201	/ /	$
Name of Employer (Required)	/ /	$
Occupation (Required)	Aggregate year-to-date	$ 1000

Name of Candidate or Committee to Elect John Emfinger

Reporting period Oct. 1, 2010 through Dec. 31, 2010

ITEMIZED RECEIPTS

A. Source: ☐ Corporation ☐ PAC ☑ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Christopher Tabb	10/27/10	$ 250.
Mailing Address: PO Box 87	__/__/__	$
City, State, Zip Code: Brandon, MS 39043	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

B. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Keith Foreman	10/27/10	$ 250.
Mailing Address: 198 Woodlands Green	__/__/__	$
City, State, Zip Code: Brandon, MS 39047	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

C. Source: ☑ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name: Barnett Law Firm	4/10/10	$ 300.
Mailing Address: 501 South State St	5/24/10	$ 200
City, State, Zip Code: Jackson, MS 39201	12/8/10	$ 200
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$ 700.00

D. Source: ☐ Corporation ☐ PAC ☐ Individual ☐ Loan ☐ Other (please specify)	Date (Mo., Day, Year)	Amount of each receipt this period
Full name	__/__/__	$
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Name of Employer (Required)	__/__/__	$
Occupation (Required)	Aggregate year-to-date	$

Name of Candidate or Committee to elect John Emfinger

Reporting period Oct 1, 2010 through Dec. 31, 2010

ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Rankin County News		
Mailing Address 207 E. Government St.	11/23/10	$ 217.50
City, State, Zip Code Brandon, MS 39042	10/22/10	$ 374.25
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 591.75
B. Full name Northside Sun	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 246 Briarwood Drive	11/23/10	$ 308.80
City, State, Zip Code Jackson, MS 39206	10/22/10	$ 454.96
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 763.76
C. Full name Madison County Journal	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 298 Commerce Park Drive	11/23/10	$ 259.23
City, State, Zip Code Madison, MS 39110	10/23/10	$ 403.98
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 663.21
D. Full name WFMN	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 6311 Ridgewood Rd	10/29/10	$ 480.00
City, State, Zip Code Jackson MS 39211	10/23/10	$ 1680.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 2160.00
E. Full name Rankin Record	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address PO Box 5507	10/23/10	$ 321.75
City, State, Zip Code Brandon, MS 39047	11/23/10	$ 117.00
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 438.75
F. Full name WMGO	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 107 W. Peach St	10/23/10	$ 421.52
City, State, Zip Code Canton, MS	__/__/__	$
Purpose of Disbursement (Optional) Advertising	Aggregate Year-to-date	$ 421.52

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ITEMIZED DISBURSEMENTS

A. Full name LAURA JOHNSON	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 277	11/5/10	$ 1000.
City, State, Zip Code Brandon, MS 39043	10/7/10	$ 1000.
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$ 2000.
B. Full name Strategic Marketing Group, LLC	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 2223	11/8/10	$ 19 058.00
City, State, Zip Code Madison, MS 39110	12/31/10	$ 500.00
Purpose of Disbursement (Optional) direct mail, design services, postage, ads	Aggregate Year-to-date	$ 10,558.
C. Full name Affordable Forms	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address PO Box 5861	11/18/10	$ 1,198.41
City, State, Zip Code Pearl, MS 39288	1/8/11	$ 222.56
Purpose of Disbursement (Optional) Printing	Aggregate Year-to-date	$ 1420.97
D. Full name David Ruth	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address	11/7/10	$ 750.00
City, State, Zip Code	8/24/10	$ 200.00
Purpose of Disbursement (Optional) gas, supplies, labor	Aggregate Year-to-date	$ 950.00
E. Full name Dow Yoder	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 681 Towne Center	11/7/10	$ 750.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional) gas, supplies, labor	Aggregate Year-to-date	$ 750.00
F. Full name Rankin Co-op	Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address 2861 Hwy 80	11/25/10	$ 233.69
City, State, Zip Code Brandon, MS 39042	__/__/__	$
Purpose of Disbursement (Optional) supplies	Aggregate Year-to-date	$ 233.69

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ITEMIZED DISBURSEMENTS

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
Southern printing	12/17/10	$ 1487.30
Mailing Address 115 Village Sq., Suite J		
City, State, Zip Code Brandon, MS 39047	__/__/__	$ ~~1487.30~~
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	$ 1487.30
B. Full name Hederman Bros. Printing	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address 600 Steed Rd.	10/23/10	$ 9200.00
City, State, Zip Code Ridgeland, MS 39157	__/__/__	$
Purpose of Disbursement (Optional) printing	Aggregate Year-to-date	$ 9200.00
C. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
D. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
E. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$
F. Full name	**Date (Mo., Day, Year)**	**Amount of each disbursement this period**
Mailing Address	__/__/__	$
City, State, Zip Code	__/__/__	$
Purpose of Disbursement (Optional)	Aggregate Year-to-date	$