

**Candidate**  
**REPORT OF RECEIPTS AND DISBURSEMENTS**  
 2024 Annual Report

Name of Candidate Downie Scoggin  
 Address 1203 Pine St City/State/Zip Ellisville MS 39437  
 Telephone (Work) 601-319-5421 (Home) \_\_\_\_\_ (Fax) \_\_\_\_\_  
 Contact Name \_\_\_\_\_ Email Address dscoggin1@gmail.com  
 Office Sought House of Rep.

Check here if above information is different from previous report

**TYPE OF REPORT**

**Friday, January 31, 2025** (January 1, 2024 through December 31, 2024) ..... **Annual Report**  
 **Termination Report** (Candidate will no longer accept contributions, make campaign expenditures, has no outstanding campaign debt obligation) ..... **Required to terminate reporting obligations**

**IMPORTANT**

- (1) Annual Reports are mandatory for all candidates who did not run for office in 2022 filing 2022 Periodic Reports and have not filed a Termination Report prior to December 31, 2022, 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 the reporting period.
- (2) Annual Reports are mandatory for 2022 judicial candidates who did not file a Termination report by January 10, 2023, 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 the reporting period.
- (3) Beginning on Jan. 1, 2018, candidates and officeholders may not "personally use" campaign contributions. Section 23-15-821, Miss. Code Ann., sets forth those "personal use" expenditures which are specifically prohibited from campaign contributions and those disbursements which are not defined as "personal use" and therefore permissible from campaign contributions. Campaign contributions accepted and held prior to Jan. 1, 2018 ARE NOT subject to the "personal use" restrictions of Section 23-15-821, Miss. Code Ann. Beginning on Jan. 1, 2018, campaign contributions accepted and accumulated therefrom ARE subject to the "personal use" restrictions of Section 2-15-821, Miss. Code Ann. Separate record keeping and reporting is required for candidates and officeholders for any campaign contributions held prior to Jan. 1, 2018, disbursements made therefrom and contributions earned thereon in the form of interest or dividends.
- (4) Until a Candidate files a Termination Report, all campaign finance disclosure reports must be filed in accordance with the applicable schedule set forth by Miss. Code Ann. § 23-15-807 (b) (ii) and (iii).
- (5) The receiving office must be in actual receipt of the required report by 5:00 p.m. on the deadline. If the deadline falls on a weekend or legal holiday, the office must be in actual receipt of the required report by 5:00 p.m. on the first working day before the deadline. Reports may be faxed or emailed. Candidates who have previous ran for Statewide, State District or Legislative Office file with the Secretary of State's Office. County or County District Office candidates file with the County Circuit Clerk's Office. Municipal candidates file with the Municipal Clerk's Office.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS ACCUMULATED PRIOR TO JANUARY 1, 2018**

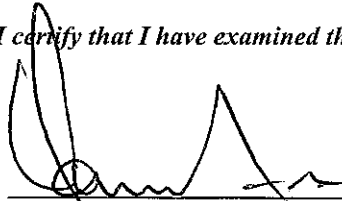
JAN. 1, 2024 CASH ON HAND BALANCE			\$
	Itemized (+)	Non-Itemized (-)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS <sup>1</sup>	\$	\$	\$
TOTAL AMT OF DISBURSEMENTS	\$	\$	\$
DEC. 31, 2024 CASH ON HAND BALANCE			\$

<sup>1</sup> Contributions to pre-Jan. 1, 2018 campaign funds are limited to interest and dividends earned upon pre-Jan. 1, 2018 monies.

**REPORTED CONTRIBUTIONS AND DISBURSEMENTS FROM CAMPAIGN CONTRIBUTIONS  
ACCUMULATED AFTER JANUARY 1, 2018**

JAN. 1, 2024 CASH ON HAND BALANCE	\$ 20854 <sup>00</sup>		
	Itemized (+)	Non-Itemized (=)	Calendar Year-to-Date
TOTAL AMT OF CONTRIBUTIONS	\$ 12,300 <sup>00</sup>	\$	\$ 12300 <sup>00</sup>
TOTAL AMT OF DISBURSEMENTS	\$ 12,769 <sup>00</sup>	\$ 1401 <sup>00</sup>	\$ 14170 <sup>00</sup>
DEC. 31, 2024 CASH ON HAND BALANCE	\$ 18984 <sup>00</sup>		

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



Signature of Candidate

1/21/25

Date

Authority: Miss. Code Ann. §23-15-801, et. seq.

**Penalties:** A candidate who fails to file, or fails to timely file, required reports in accordance with the statutory deadline cannot be certified as elected to office unless and until he files all reports due as of the date of certification. No candidate who is elected to office shall receive any salary or other remuneration for the office unless and until he files all reports required by statute. Failure to timely submit required reports in accordance with the applicable statutes may result in the imposition of a civil penalty in the amount of \$50 per day for ten (10) days and/or prosecution pursuant to Miss. Code Ann. §§ 23-15-811 and 23-15-813.

Name of Candidate or Committee Donore Suggin

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Melina Healthcare</u>	<u>2/14/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MANA - PAC</u>	<u>10/4/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Ten One Pac</u>	<u>12/19/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	<u>12/19/24</u>	\$ <u>500<sup>00</sup></u>
City, State, Zip Code	<u>10/8/24</u>	\$ <u>1000<sup>00</sup></u>
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>2000<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Independent Rx</u>	<u>12/20/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>

Name of Candidate or Committee DOMINIC SCAGGIN

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>JONES WALKER</u>	<u>10/1/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address <u>N. State St</u>	___/___/___	\$
City, State, Zip Code <u>JACKSON, MS</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Ambulance Alliance</u>	<u>12/19/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	___/___/___	\$
City, State, Zip Code <u>HATTESBURG MS</u>	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Bail Agents</u>	<u>11/12/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250</u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Vet Medical Asso</u>	<u>11/1/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address	___/___/___	\$
City, State, Zip Code	___/___/___	\$
Name of Employer (Required)	___/___/___	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee \_\_\_\_\_

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS Realtors PAC</u>	<u>8/30/24</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Jesse Smith</u>	<u>8/9/24</u>	\$ <u>500</u>
Mailing Address <u>37 President Dr</u>	__/__/__	\$
City, State, Zip Code <u>Ellisville MS</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MS ASSO of Health Plans</u>	<u>10/2/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input checked="" type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Rebekah Staples</u>	<u>10/9/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address <u>Laurel St</u>	__/__/__	\$
City, State, Zip Code <u>Jackson MS</u>	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>

Name of Candidate or Committee Downie Scoggin

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Mary Barton</u>	<u>10/9/24</u>	\$ <u>400<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>400<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Resources</u>	<u>10/9/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>500<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hood Strategies</u>	<u>10/9/24</u>	\$ <u>200<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Keystone Strategies</u>	<u>10/9/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address	__/__/__	\$
City, State, Zip Code	__/__/__	\$
Name of Employer (Required)	__/__/__	\$
Occupation (Required)	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>

Name of Candidate or Committee Donnie Scoggins  
 Reporting period \_\_\_\_\_ through \_\_\_\_\_

## ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Hayes Dent Strategies</u>	<u>10/9/24</u>	\$ <u>200<sup>00</sup></u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>200<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Carewise Mission</u>	<u>9/4/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
C. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Watkins + Eager PAC</u>	<u>8/22/24</u>	\$ <u>250<sup>00</sup></u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>250<sup>00</sup></u>
D. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____	Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MANP PAC</u>	<u>10/8/24</u>	\$ <u>1500<sup>00</sup></u>
Mailing Address _____	___/___/___	\$ _____
City, State, Zip Code _____	___/___/___	\$ _____
Name of Employer (Required) _____	___/___/___	\$ _____
Occupation (Required) _____	Aggregate year-to-date	\$ <u>1500<sup>00</sup></u>

Name of Candidate or Committee Donnie Scoggin

Reporting period \_\_\_\_\_ through \_\_\_\_\_

# ITEMIZED RECEIPTS

A. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>Capital Advocacy</u>		<u>10 / 19 / 24</u>	\$ <u>1000<sup>00</sup></u>
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>1000<sup>00</sup></u>
B. Source: <input type="radio"/> Corporation <input checked="" type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> Loan Other (please specify) _____		Date (Mo., Day, Year)	Amount of each receipt this period
Full name <u>MAE</u>		<u>12 / 20 / 24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address		___ / ___ / ___	\$
City, State, Zip Code		___ / ___ / ___	\$
Name of Employer (Required)		___ / ___ / ___	\$
Occupation (Required)		Aggregate year-to-date	\$ <u>500</u>
C. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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	\$
D. Source: <input type="radio"/> Corporation <input type="radio"/> PAC <input type="radio"/> Individual <input type="radio"/> 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 Donnie Scoggin  
 Reporting period 1/1/24 through 12/31/24

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>State of Champion</u>	<u>2/1/24</u>	\$ <u>200</u>
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>200</u>
B. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Ellis Club</u>	<u>2/14/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>500</u>
C. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>JL Athletic Foundation</u>	<u>2/9/24</u>	\$ <u>300<sup>00</sup></u>
Mailing Address		
City, State, Zip Code	<u>8/30/201</u>	\$ <u>200<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Ad</u>	Aggregate Year-to-date	\$ <u>500</u>
D. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dept. of Ag</u>	<u>3/26/24</u>	\$ <u>750<sup>00</sup></u>
Mailing Address		
City, State, Zip Code	<u>5/22/24</u>	\$ <u>250<sup>00</sup></u>
Purpose of Disbursement (Optional) <u>Rent.</u>	Aggregate Year-to-date	\$ <u>1000<sup>00</sup></u>
E. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Lucy Scoggin</u>	<u>7/22/24</u>	\$ <u>225<sup>00</sup></u>
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	
Purpose of Disbursement (Optional) <u>Rent of Camper</u>	Aggregate Year-to-date	\$ <u>225</u>
F. Full name	Date (Mo., Day, Year)	Amount of each disbursement this period
<u>Dean Wade</u>	<u>9/12/24</u>	\$ <u>500<sup>00</sup></u>
Mailing Address		
City, State, Zip Code	<u>  /  /  </u>	
Purpose of Disbursement (Optional) <u>web Page</u>	Aggregate Year-to-date	\$ <u>500<sup>00</sup></u>

Name of Candidate or Committee Donnie Scoggin

Reporting period \_\_\_\_\_ through 12/31/24

# ITEMIZED DISBURSEMENTS

Disbursements from contributions accumulated  Prior to January 1, 2018 or  On or After January 1, 2018

A. Full name <u>TCS Events</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>1/5/24</u>	\$ <u>1779<sup>00</sup></u>
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Fund Raise</u>		Aggregate Year-to-date	\$ <u>1779<sup>00</sup></u>
B. Full name <u>Grant American</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12/27/24</u>	\$ <u>4565</u>
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Rep/PR</u>		Aggregate Year-to-date	\$ <u>4565<sup>00</sup></u>
C. Full name <u>THE ONE</u>		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>12/11/24</u>	\$ <u>3500<sup>00</sup></u>
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional) <u>Media Support</u>		Aggregate Year-to-date	\$ <u>3500<sup>00</sup></u>
D. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
E. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$
F. Full name		Date (Mo., Day, Year)	Amount of each disbursement this period
Mailing Address		<u>   /   /   </u>	\$
City, State, Zip Code		<u>   /   /   </u>	\$
Purpose of Disbursement (Optional)		Aggregate Year-to-date	\$