

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 Society for Cardiovascular Angiography and Interventions Association PAC

ADDRESS (number and street) 1100 17th Street Suite 400 Washington DC 20036 Check if different than previously reported. (ACC)

2. FEC IDENTIFICATION NUMBER C C00519371 3. IS THIS REPORT NEW (N) OR AMENDED (A) x

4. TYPE OF REPORT (Choose One) (a) Quarterly Reports: April 15, July 15, October 15, January 31, July 31 Mid-Year, Termination Report (b) Monthly Report Due On: Feb 20, Mar 20, Apr 20, May 20, Jun 20, Jul 20, Aug 20, Sep 20, Oct 20, Nov 20, Dec 20, Jan 31 (c) 12-Day PRE-Election Report for the: Primary, General, Runoff, Convention, Special (d) 30-Day POST-Election Report for the: General, Runoff, Special

5. Covering Period 11 / 29 / 2022 through 12 / 31 / 2022

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete. Seto, Arnold, , Dr, Type or Print Name of Treasurer

Signature of Treasurer Seto, Arnold, , Dr, [Electronically Filed] Date 02 / 21 / 2023

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 52 U.S.C. § 30109.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

Society for Cardiovascular Angiography and Interventions Association PAC

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

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, <input type="text" value="2022"/>		85409.77
(b) Cash on Hand at Beginning of Reporting Period.....	101813.84	
(c) Total Receipts (from Line 19)	18850.00	83896.49
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	120663.84	169306.26
7. Total Disbursements (from Line 31).....	397.48	49039.90
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	120266.36	120266.36
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

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

Society for Cardiovascular Angiography and Interventions Association PAC

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).....	18000.00	69162.11
(ii) Unitemized	850.00	2650.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)).....▶	18850.00	71812.11
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry Totals to Line 33, page 5)	18850.00	71812.11
12. Transfers From Affiliated/Other Party Committees.....	0.00	0.00
13. All Loans Received	0.00	0.00
14. Loan Repayments Received.....	0.00	0.00
15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) (Carry Totals to Line 37, page 5).....	0.00	0.00
16. Refunds of Contributions Made to Federal Candidates and Other Political Committees.....	0.00	8500.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	3584.38
18. Transfers from Non-Federal and Levin Funds		
(a) Non-Federal Account (from Schedule H3).....	0.00	0.00
(b) Levin Funds (from Schedule H5)	0.00	0.00
(c) Total Transfers (add 18(a) and 18(b))..	0.00	0.00
19. Total Receipts (add Lines 11(d), 12, 13, 14, 15, 16, 17, and 18(c)).....▶	18850.00	83896.49
20. Total Federal Receipts (subtract Line 18(c) from Line 19).....▶	18850.00	83896.49

DETAILED SUMMARY PAGE
of Disbursements

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	397.48	1391.39
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	397.48	1391.39
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	47500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (52 U.S.C. § 30116(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements (Including Non-Federal Donations).....	0.00	148.51
30. Federal Election Activity (52 U.S.C. § 30101(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	397.48	49039.90
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	397.48	49039.90

DETAILED SUMMARY PAGE
of Disbursements

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Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18850.00	71812.11
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18850.00	71812.11
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	397.48	1391.39
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	397.48	1391.39

: 97 `A-G79 @C B9CI G`H9LH`F9 @ H98 `HC`5 `F9DCFH`G7 <98I @ `CF`+H9A-N5HCB

Form/Schedule: F3XA
Transaction ID :

Amending to Correct missing transactions and proper balances.

Form/Schedule:
Transaction ID:

**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 7 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<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)
Society for Cardiovascular Angiography and Interventions Association PAC

A. Ambrosia, Alphonse, M, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6116 East Arbor Avenue
 Suite 112
 City Mesa State AZ Zip Code 85206-6103
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Associates of Mesa, PC Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt **12 / 11 / 2022**
Transaction ID : 15197005
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

B. Box, Lyndon, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 W Wyndemere Drive
 City Boise State ID Zip Code 83702-1370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Valley Medical Group Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 3000.00

Date of Receipt **12 / 05 / 2022**
Transaction ID : 15197015
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

C. Box, Lyndon, , Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 900 W Wyndemere Drive
 City Boise State ID Zip Code 83702-1370
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) West Valley Medical Group Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt **12 / 20 / 2022**
Transaction ID : 15197016
 Amount of Each Receipt this Period 2000.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	3500.00
TOTAL This Period (last page this line number only).....▶	

**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 8 OF 13
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 13	<input type="checkbox"/> 11b <input type="checkbox"/> 14

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association PAC

A. Brilakis, Emmanouil, S, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2900 Tthomas Avenue S
 Apt 1729
 City Minneapolis State MN Zip Code 55416-4476
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Minneapolis Heart Institute Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 16 / 2022
Transaction ID : 15197019
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

B. Fakorede, Foluso, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 1434 Township Road
 City Cleveland State MS Zip Code 38732-9741
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Solutions of Central Mi Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 5000.00

Date of Receipt 12 / 14 / 2022
Transaction ID : 15197035
 Amount of Each Receipt this Period 5000.00
 Memo Item
 SCAI PAC Contribution

C. Gheewala, Neil, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 6260 North Paseo Vldear
 City Tucson State AZ Zip Code 85750-1099
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Pima Heart & Vascular Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 31 / 2022
Transaction ID : 15197037
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....▶	6250.00
TOTAL This Period (last page this line number only).....▶	

**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 9 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association PAC

A. Hafiz, Abdul, Moiz, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 701 North 1st Street, MMC
 D430
 City Springfield State IL Zip Code 62794-9636
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Southern Illinois University School of Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2022
Transaction ID : 15197042
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

B. Homan, David, J, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 108 Genna Ln
 City Youngsville State LA Zip Code 70592-6269
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Cardiovascular Institute of the South Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 250.00

Date of Receipt 12 / 11 / 2022
Transaction ID : 15197047
 Amount of Each Receipt this Period 250.00
 Memo Item
 SCAI PAC Contribution

C. Huang, Robert, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 2501 Citico Avenue
 City Chattanooga State TN Zip Code 37404-1127
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Chattanooga Heart Institue Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 29 / 2022
Transaction ID : 15197050
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	1000.00
TOTAL This Period (last page this line number only).....	

**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 10 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association PAC

A. Katukuri, Neelima, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 13800 Veterans Way
 City Orlando State FL Zip Code 32827-7401
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Orlando VA Medical Center Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 2500.00

Date of Receipt 12 / 23 / 2022
Transaction ID : 15197055
 Amount of Each Receipt this Period 2500.00
 Memo Item
 SCAI PAC Contribution

B. Kern, Morton, J, Dr,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 5901 E 7th Street
 Cardiac Cath Lab, 3rd Floor
 City Long Beach State CA Zip Code 90822-5201
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Long Beach VA Health Care System Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 03 / 2022
Transaction ID : 15197057
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Kliger, Chad, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 333 E 30th Street
 Apt 3E
 City New York State NY Zip Code 10016-6464
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Northwell Health Lenox Hill Hospital Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 11 / 2022
Transaction ID : 15197062
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	3500.00
TOTAL This Period (last page this line number only).....	

**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 11 OF 13
	<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b
	<input type="checkbox"/> 13	<input type="checkbox"/> 14
	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
	<input type="checkbox"/> 15	<input type="checkbox"/> 16
	<input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)
Society for Cardiovascular Angiography and Interventions Association PAC

A. Lata, Kusum, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 445 W Eaton Ave, FL 2
 Cardiology
 City Tracy State CA Zip Code 95376-3420
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Sutter Health Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 1000.00

Date of Receipt 12 / 03 / 2022
Transaction ID : 15197067
 Amount of Each Receipt this Period 1000.00
 Memo Item
 SCAI PAC Contribution

B. Lather, Navneet, , ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 12083 Hawthorne Ridge
 City Fishers State IN Zip Code 46037-8822
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Ascension St. Vincent Hospital-Indiana Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify) ▼
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 12 / 2022
Transaction ID : 15197068
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

C. Lee, Arthur, C, ,
 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name
 Mailing Address 10856 Linda Vista Drive
 City Cupertino State CA Zip Code 95014-4749
 FEC ID number of contributing federal political committee. **C**
 Name of Employer (for Individual) Providence Health & Services Occupation (for Individual) Interventional Cardiologist
 Receipt For: Primary General Other (specify)
 Aggregate Year-to-Date ▼ 500.00

Date of Receipt 12 / 15 / 2022
Transaction ID : 15197070
 Amount of Each Receipt this Period 500.00
 Memo Item
 SCAI PAC Contribution

SUBTOTAL of Receipts This Page (optional).....	2000.00
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)

<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<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

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NAME OF COMMITTEE (In Full)

Society for Cardiovascular Angiography and Interventions Association PAC

Full Name (Last, First, Middle Initial)

A. Truist

Mailing Address 900 17th St NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	05	/	2022

FEC Identification Number

C

Transaction ID : 15197134

Amount of Each Disbursement this Period

362.59

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

B. Truist

Mailing Address 900 17th St NW

City
Washington

State
DC

Zip Code
20006

Purpose of Disbursement
Merchant Fee

001

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
12	/	12	/	2022

FEC Identification Number

C

Transaction ID : 15197135

Amount of Each Disbursement this Period

34.89

Merchant Fee

Memo Item

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City

State

Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President

Disbursement For:
 Primary General
 Other (specify) ▼

State: District:

Date of Disbursement

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

FEC Identification Number

C

Amount of Each Disbursement this Period

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Memo Item

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

397.48

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

397.48
