

**FEC  
FORM 3****REPORT OF RECEIPTS  
AND DISBURSEMENTS**

For An Authorized Committee

Office Use Only

1. NAME OF  
COMMITTEE (in full)

TYPE OR PRINT ▼

Example: If typing, type  
over the lines.

12FE4M5

Espaillat for Congress

ADDRESS (number and street)

210 Sherman Avenue

Suite B

New York

NY

10034

☐ Check if different  
than previously  
reported. (ACC)2. **FEC IDENTIFICATION NUMBER ▼**

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

C C00518365

3. IS THIS  
REPORT☐ NEW  
(N)

OR

☒ AMENDED  
(A)

NY

13

4. **TYPE OF REPORT** (Choose One)

(a) Quarterly Reports:

☐ April 15 Quarterly Report (Q1)☐ July 15 Quarterly Report (Q2)☒ October 15 Quarterly Report (Q3)☐ January 31 Year-End Report (YE)☐ Termination Report (TER)(b) 12-Day **PRE**-Election Report for the:☐ Primary (12P)☐ General (12G)☐ Runoff (12R)☐ Convention (12C)☐ Special (12S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of(c) 30-Day **POST**-Election Report for the:☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M /

D D /

Y Y Y Y

in the  
State of

5. Covering Period

M M /

D D /

Y Y Y Y

through

M M /

D D /

Y Y Y Y

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 Seny Taveras

Signature of Treasurer

Seny Taveras

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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

Office  
Use  
Only**FEC FORM 3**  
(Revised 02/2003)

# SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

Write or Type Committee Name

Espallat for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	10055.00	376794.75
(b) Total Contribution Refunds (from Line 20(d)) .....	0.00	1000.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)) .....	10055.00	375794.75
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17) .....	23253.20	294561.22
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)) .....	23253.20	294561.22
8. Cash on Hand at Close of Reporting Period (from Line 27).....	65535.33	
9. Debts and Obligations Owed <b>TO</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations Owed <b>BY</b> the Committee (Itemize all on Schedule C and/or Schedule D) .....	1500.00	

## 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

FEC Form 3 (Revised 12/2003)

Write or Type Committee Name

Espaillat for Congress

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
0	7		0	1		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
0	9		3	0		2	0	1	2

**I. RECEIPTS**
**COLUMN A**  
Total This Period

**COLUMN B**  
Election Cycle-to-Date
**11. CONTRIBUTIONS (other than loans) FROM:**

(a) Individuals/Persons Other Than Political Committees

(i) Itemized (use Schedule A).....

9700.00

370564.75

(ii) Unitemized.....

355.00

980.00

(iii) TOTAL of contributions from individuals ▶

10055.00

371544.75

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

5250.00

(d) The Candidate.....

0.00

0.00

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

10055.00

376794.75

**12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES .....**

0.00

0.00

**13. LOANS:**

(a) Made or Guaranteed by the Candidate.....

0.00

0.00

(b) All Other Loans.....

0.00

0.00

(c) TOTAL LOANS (add Lines 13(a) and (b)).....

0.00

0.00

**14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.) .....**

0.00

0.00

**15. OTHER RECEIPTS (Dividends, Interest, etc.) .....**

0.00

0.00

**16. TOTAL RECEIPTS** (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶

10055.00

376794.75

# **DETAILED SUMMARY PAGE** of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 14

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23253.20	294561.22
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES .....	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans .....	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. REFUNDS OF CONTRIBUTIONS TO:		
(a) Individuals/Persons Other Than Political Committees .....	0.00	1000.00
(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 20(a), (b), and (c)).....	0.00	1000.00
21. OTHER DISBURSEMENTS .....	0.00	0.00
22. <b>TOTAL DISBURSEMENTS</b> (add Lines 17, 18, 19(c), 20(d), and 21) ►	23253.20	295561.22

## **III. CASH SUMMARY**

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	78733.53
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	10055.00
25. SUBTOTAL (add Line 23 and Line 24).....	88788.53
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23253.20
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	65535.33

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER:  
(check only one)

PAGE 5 OF 14

☒ 11a ☐ 11b ☐ 11c ☐ 11d  
12 13a 13b 14 15

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NAME OF COMMITTEE (In Full)  
**Espallat for Congress**

A. Full Name (Last, First, Middle Initial)  
**Miguel Avila-Rondon**

Mailing Address **914 A. Columbus Avenue**

City State Zip Code  
**New York NY 10025**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**Physician**

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**450.00**

Date of Receipt

**07 / 13 / 2012**

Transaction ID : **SA11Al.5147**

Amount of Each Receipt this Period

**450.00**

B. Full Name (Last, First, Middle Initial)  
**alex j colgan**

Mailing Address **626 riverside drive**

City State Zip Code  
**new york NY 10031**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**500.00**

Date of Receipt

**09 / 27 / 2012**

Transaction ID : **SA11Al.5166**

Amount of Each Receipt this Period

**500.00**

C. Full Name (Last, First, Middle Initial)  
**Scott Dames**

Mailing Address **487 Amsterdam Avenue APT 4P**

City State Zip Code  
**New York NY 10024**

FEC ID number of contributing  
federal political committee.

**C**

Name of Employer  
**College Administration**

Occupation

Receipt For: 2012

☒ Primary ☐ General  
☐ Other (specify)

Election Cycle-to-Date

**1750.00**

Date of Receipt

**07 / 11 / 2012**

Transaction ID : **SA11Al.5140**

Amount of Each Receipt this Period

**1750.00**

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

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

**2700.00**

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 6 OF 14  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Espallat for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>Scott Dames</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 30 / 2012	
Mailing Address 487 Amsterdam Avenue APT 4P		<b>Transaction ID : SA11AI.5133</b>	
City New York	State NY	Zip Code 10024	Amount of Each Receipt this Period 500.00
FEC ID number of contributing federal political committee. C			
Name of Employer College Administration	Occupation		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 2250.00		
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Denise Dominguez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 28 / 2012	
Mailing Address 689 Ft. Washington Avenue		<b>Transaction ID : SA11AI.5169</b>	
City New York	State NY	Zip Code 10040	Amount of Each Receipt this Period 300.00
FEC ID number of contributing federal political committee. C			
Name of Employer Self	Occupation Lawyer		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 300.00		
<b>C.</b> Full Name (Last, First, Middle Initial) <b>zenaida mendez</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 27 / 2012	
Mailing Address 790 11th avenue		<b>Transaction ID : SA11AI.5167</b>	
City new york	State NY	Zip Code 10019	Amount of Each Receipt this Period 250.00
FEC ID number of contributing federal political committee. C			
Name of Employer manhattan neighborhood network	Occupation director of external affairs		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 250.00		
<b>SUBTOTAL</b> of Receipts This Page (optional).....		1050.00	
<b>TOTAL</b> This Period (last page this line number only).....			

# **SCHEDULE A (FEC Form 3)** **ITEMIZED RECEIPTS**

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

FOR LINE NUMBER: PAGE 7 OF 14  
 (check only one)  
☒ 11a ☐ 11b ☐ 11c ☐ 11d  
☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)  
**Espallat for Congress**

<b>A.</b> Full Name (Last, First, Middle Initial) <b>john O'brien</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 09 / 17 / 2012	
Mailing Address		<b>Transaction ID : SA11AI.5130</b>	
City State Zip Code		Amount of Each Receipt this Period 2500.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2500.00	
Name of Employer Occupation		Amount of Each Receipt this Period 2500.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2500.00	
<b>B.</b> Full Name (Last, First, Middle Initial) <b>Raul Quiroz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 08 / 30 / 2012	
Mailing Address 995 Amsterdam Avenue apt. 6W		<b>Transaction ID : SA11AI.5129</b>	
City State Zip Code New York NY 10025		Amount of Each Receipt this Period 1000.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 1000.00	
Name of Employer Occupation Self Self		Amount of Each Receipt this Period 1000.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 1000.00	
<b>C.</b> Full Name (Last, First, Middle Initial) <b>lilliana saneauz</b>		Date of Receipt M M / D D / Y Y Y Y Y Y 07 / 13 / 2012	
Mailing Address		<b>Transaction ID : SA11AI.5142</b>	
City State Zip Code		Amount of Each Receipt this Period 2450.00	
FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 2450.00	
Name of Employer Occupation		Amount of Each Receipt this Period 2455.00	
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)		Election Cycle-to-Date 2455.00	
<b>SUBTOTAL</b> of Receipts This Page (optional).....		5950.00	
<b>TOTAL</b> This Period (last page this line number only).....		9700.00	







**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 10 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Espallat for Congress**

Full Name (Last, First, Middle Initial)

**A. garden gourmet**

Mailing Address Broadway

City	State	Zip Code
Bronx	NY	10463

Purpose of Disbursement  
event food

007

Candidate Name

**Espallat for Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: NY District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		03		2012

Amount of Each Disbursement this Period

554.48
--------

Transaction ID : SB17.5117

**B. damaso gonzalez**

Mailing Address 131 white plains road

City	State	Zip Code
bronx	NY	10473

Purpose of Disbursement  
june 2012 fees

007

Candidate Name

**Espallat for Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: NY District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		09		2012

Amount of Each Disbursement this Period

1500.00
---------

Transaction ID : SB17.5112

**c. Lino Press**

Mailing Address 4482 Broadway

City	State	Zip Code
New York	NY	10040

Purpose of Disbursement  
inv. #28435/28414

006

Candidate Name

**Espallat for Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: NY District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		06		2012

Amount of Each Disbursement this Period

4250.00
---------

Transaction ID : SB17.5106

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

6304.48

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 11 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Espallat for Congress**

Full Name (Last, First, Middle Initial)

**A. Lino Press**

Mailing Address 4482 Broadway

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		23		2012

City	State	Zip Code
New York	NY	10040

Amount of Each Disbursement this Period

1710.91
---------

Purpose of Disbursement  
inv. #28414/28446

006

**Transaction ID : SB17.5107**

Candidate Name

**Espallat for Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: NY District: 13

Full Name (Last, First, Middle Initial)

**B. mamajuana's Restaurant**

Mailing Address 247 Dyckman avenue

Date of Disbursement

M M	/	D D	/	Y Y Y Y
08		21		2012

City	State	Zip Code
new york	NY	10034

Amount of Each Disbursement this Period

998.00
--------

Purpose of Disbursement  
thank you event

007

**Transaction ID : SB17.5126**

Candidate Name

**Espallat for Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: NY District: 13

Full Name (Last, First, Middle Initial)

**C. noquel matos**

Mailing Address

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		02		2012

City	State	Zip Code

Amount of Each Disbursement this Period

600.00
--------

Purpose of Disbursement  
primary day/canvas op

001

**Transaction ID : SB17.5095**

Candidate Name

**Espallat for Congress**Category/  
TypeOffice Sought: ☒ House  
☐ Senate  
☐ PresidentDisbursement For: 2012  
☒ Primary ☐ General  
☐ Other (specify)

State: NY District: 13

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

3308.91

**SCHEDULE B (FEC Form 3)  
ITEMIZED DISBURSEMENTS**Use separate schedule(s)  
for each category of the  
Detailed Summary PageFOR LINE NUMBER:  
(check only one)

PAGE 12 OF 14

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

**Espallat for Congress**

Full Name (Last, First, Middle Initial)

**A. Metro Strategies**Mailing Address 5030 Broadway  
Suite 807

City New York State NY Zip Code 10034

Purpose of Disbursement  
robocalls

005

Category/  
Type

Candidate Name

**Espallat for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: NY

District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

Amount of Each Disbursement this Period

2423.30

Transaction ID : SB17.5078

**B. maria morillo**

Mailing Address

City State Zip Code

Purpose of Disbursement  
reimbursement

001

Category/  
Type

Candidate Name

**Espallat for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: NY

District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		05		2012

Amount of Each Disbursement this Period

272.01

Transaction ID : SB17.5087

**c. Nelly Reyes**Mailing Address 210 Sherman Avenue  
Unit 130

City New York State NY Zip Code 10034

Purpose of Disbursement  
call center

007

Category/  
Type

Candidate Name

**Espallat for Congress**

Office Sought:

☒ House  
☐ Senate  
☐ President

Disbursement For: 2012

☒ Primary ☐ General  
☐ Other (specify)

State: NY

District: 13

Date of Disbursement

M M	/	D D	/	Y Y Y Y
07		21		2012

Amount of Each Disbursement this Period

1000.00

Transaction ID : SB17.5099

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

3695.31

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



**SCHEDULE D (FEC Form 3)****DEBTS AND OBLIGATIONS****Excluding Loans**(Use separate  
schedule(s)  
for each  
numbered line)

PAGE 14 OF 14

FOR LINE NUMBER:  
(check only one)☐ 9  
☒ 10

NAME OF COMMITTEE (In Full)

**Espallat for Congress**

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor

**Glaction LLC**Nature of Debt (Purpose):  
consult fee due

Mailing Address 5030 Broadway

City State

Zip Code

New York

NY

10034

Outstanding Balance Beginning This Period

0.00

**Transaction ID : SD10.5144**

Amount Incurred This Period

1500.00

Payment This Period

0.00

Outstanding Balance at Close of This Period

1500.00

B. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

C. Full Name (Last, First, Middle Initial) of Debtor or Creditor

Nature of Debt (Purpose):

Mailing Address

City

State

Zip Code

Outstanding Balance Beginning This Period

Amount Incurred This Period

Payment This Period

Outstanding Balance at Close of This Period

1) **SUBTOTALS** This Period This Page (optional) .....

1500.00

2) **TOTALS** This Period (last page this line number only) .....

1500.00

3) **TOTAL OUTSTANDING LOANS** from Schedule C (last page only) .....

0.00

4) **ADD 2) and 3)** and carry forward to appropriate line of Summary Page (last page only) .....

1500.00