PAGE 1 / 12

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

'	or other man An Aut	nonzea committee	Office Use Only
NAME OF     COMMITTEE (in full)	TYPE OR PRINT ▼	Example: If typing, type over the lines.	12FE4M5
Consumer Healthcare	Products Association	PAC (CHPA/PAC)	
ADDRESS (number and street)	1625 Eye Street NW		
	Suite 600		
Check if different than previously reported. (ACC)	Washington		DC 20006 -
2. FEC IDENTIFICATION NU	IMBER ▼ CIT	ГУ 🛦	STATE ▲ ZIP CODE ▲
C C00040584		S THIS NEW (N) (	OR AMENDED (A)
4. TYPE OF REPORT (Choose One)	Report Due On:	20 (M2) May 20 (	(Non-Election Year Only)
(a) Quarterly Reports:	Mar	7 20 (M3) Jun 20 (	M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
April 15		20 (M4) Jul 20 (M	M7) Oct 20 (M10) Jan 31 (YE)
Quarterly Report (Q July 15	(c) 12-Day PRE-Election	Primary (12P)	General (12G) Runoff (12R)
Quarterly Report (Q	2) Report for the:	Convention (12C)	Special (12S)
October 15 Quarterly Report (Q	3)	M M M / D D	/ Y Y Y Y in the
January 31 Year-End Report (Y	E) Election		State of
July 31 Mid-Year Report (Non-election Year Only) (MY)	(d) 30-Day  POST-Election  Report for the:	General (30G)	Runoff (30R) Special (30S)
Termination Report (TER)	Election	on on	in the State of
5. Covering Period 10		through 1	
I certify that I have examined thi		my knowledge and belief it	is true, correct and complete.
Type or Print Name of Treasurer	Green, Brian, , ,		
Signature of Treasurer	ı, Brian, , ,	[Electronically Filed]	Date 11 / 14 / 2017
NOTE: Submission of false, errone	eous, or incomplete informatio	n may subject the person sign	ing this Report to the penalties of 52 U.S.C. § 3010
Office Use			FEC FORM 3X Rev. 05/2016

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 05/2016)

Page 2

Write or Type Committee Name

## Consumer Healthcare Products Association PAC (CHPA/PAC)

Report Covering the Period: From: 10 01 2017 To: 10 31 2017

		COLUMN A This Period	COLUMN B Calendar Year-to-Date					
6.	(a) Cash on Hand January 1, 2017		4354.41					
	(b) Cash on Hand at Beginning of Reporting Period	27008.81						
	(c) Total Receipts (from Line 19)	1085.54	50293.63					
	(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	28094.35	54648.04					
7.	Total Disbursements (from Line 31)	43.53	26597.22					
8.	Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	28050.82	28050.82					
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 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

FEC Form 3X (Rev. 05/2016)

Write or Type Committee Name

#### Consumer Healthcare Products Association PAC (CHPA/PAC)

01 2017 10 31 2017 Report Covering the Period: From: To: **COLUMN A COLUMN B** I. Receipts **Total This Period** Calendar Year-to-Date 11. Contributions (other than loans) From: (a) Individuals/Persons Other Than Political Committees 983.86 26322.81 (i) Itemized (use Schedule A)..... 13305.62 101.68 (ii) Unitemized ..... (iii) TOTAL (add 39628.43 1085.54 Lines 11(a)(i) and (ii).....▶ 0.00 0.00 (b) Political Party Committees ..... (c) Other Political Committees 0.00 10000.00 (such as PACs)..... (d) Total Contributions (add Lines 11(a)(iii), (b), and (c)) (Carry 49628.43 1085.54 Totals to Line 33, page 5) .....▶ 12. Transfers From Affiliated/Other 0.00 0.00 Party Committees..... 0.00 0.00 13. All Loans Received..... 0.00 0.00 14. Loan Repayments Received..... 15. Offsets To Operating Expenditures (Refunds, Rebates, etc.) 0.00 665.20 (Carry Totals to Line 37, page 5)..... 16. Refunds of Contributions Made to Federal Candidates and Other 0.00 0.00 Political Committees..... 17. Other Federal Receipts 0.00 (Dividends, Interest, etc.)..... 0.00 18. Transfers from Non-Federal and Levin Funds (a) Non-Federal Account 0.00 (from Schedule H3)..... 0.00 0.00 0.00 (b) Levin Funds (from Schedule H5) ....... (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))....... 50293.63 1085.54 20. Total Federal Receipts 1085.54 50293.63 (subtract Line 18(c) from Line 19) .......▶

### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 4

II. Disbursements	isbursements COLUMN A Total This Period					
Operating Expenditures:	Total IIIIS Fellou	Calendar Year-to-Date				
(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	42.52	547.70				
Expenditures(c) Total Operating Expenditures	43.53	517.72				
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	43.53	517.72				
Transfers to Affiliated/Other Party	40.00	31112				
Committees	0.00	0.00				
Contributions to Federal Candidates/Committees	45					
and Other Political Committees	0.00	26079.50				
ndependent Expenditures						
(use Schedule E) Coordinated Party Expenditures	0.00	0.00				
(52 U.S.C. § 30116(d))	0.00					
use Schedule F)	0.00	0.00				
_oan Repayments Made	0.00	0.00				
Loan ricpayments wade	0.00	0.00				
_oans Made	0.00	0.00				
Refunds of Contributions To: (a) Individuals/Persons Other	4 4	4 4				
Than Political Committees	0.00	0.00				
	45.	4 4 4				
(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				
Other Disbursements (Including						
Non-Federal Donations)	0.00	0.00				
	45 45	4 4				
Federal Election Activity (52 U.S.C. § 30101(2	20))					
(a) Allocated Federal Election Activity (from Schedule H6)						
(i) Federal Share	0.00	0.00				
(i) I odoral orialo	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	4 4	7 7 7				
Lines 30(a)(i), 30(a)(ii) and 30(b))	0.00	0.00				
	7 7 7					
Total Disbursements (add Lines 21(c), 22,						
23, 24, 25, 26, 27, 28(d), 29 and 30(c))	43.53	26597.22				
Total Endoral Diahuraamanta	7 7	7 7				
Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii)						
from Line 31)	10.50					
10.11 2.110 01/	43.53	26597.22				

#### **DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 05/2016)

Page 5

III. Net Contributions/ Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
3. Total Contributions (other than loans) (from Line 11(d), page 3)	1085.54	49628.43
4. Total Contribution Refunds (from Line 28(d))	0.00	0.00
5. Net Contributions (other than loans) (subtract Line 34 from Line 33)	1085.54	49628.43
6. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))▶	43.53	517.72
7. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	665.20
8. Net Operating Expenditures (subtract Line 37 from Line 36)	43.53	- 147.48

FOR LINE NUMBER: PAGE Use separate schedule(s) (check only one) **X** 11a 11b 11c

12

6 OF

for each category of the 12 Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 2017 City Zip Code State Transaction ID: SA11AI.9172 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 29.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 353.04 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Brikman, Anita, , , Date of Receipt Mailing Address 8300 Comanche Court 10 2017 City State Zip Code Transaction ID: SA11AI.9173 MD Bethesda 20817 Amount of Each Receipt this Period FEC ID number of contributing 29.42 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 382.46 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 15 2017 City Zip Code State Transaction ID: SA11AI.9170 VAArlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Products Vice President, Government Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 1979.23 Other (specify) 163.01 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

12 FOR LINE NUMBER: PAGE 7 OF Use separate schedule(s) (check only one) **X** 11a 11b 12 11c

for each category of the Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gay, John, , , Date of Receipt Mailing Address 3180 N. Quincy St. 2017 City Zip Code State Transaction ID: SA11AI.9171 VA Arlington 22207 Amount of Each Receipt this Period FEC ID number of contributing C 104.17 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Vice President, Government Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 2083.40 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B. Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 10 15 2017 City State Zip Code Transaction ID: SA11AI.9174 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Prod. Assn Payroll Deduction Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 374.94 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **c.** Green, Brian, , , Date of Receipt Mailing Address 19110 Mateny Hill Road 2017 City Zip Code State Transaction ID: SA11AI.9175 MD Germantown 20874 Amount of Each Receipt this Period FEC ID number of contributing C 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Prod. Assn Vice President, Finance & Ops. (CFO) Receipt For: Aggregate Year-to-Date ▼ Primary General 395.77 Other (specify) 145.83 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 8 OF Use separate schedule(s) (check only one) **X** 11a 11b 11c 12

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for each category of the Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 15 2017 City Zip Code State Transaction ID: SA11AI.9178 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Director, State Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 395.77 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Gutierrez, Carlos, , , Date of Receipt Mailing Address 926 North Barton Street 10 2017 City State Zip Code Transaction ID: SA11AI.9179 VA Arlington 22201 Amount of Each Receipt this Period FEC ID number of contributing 20.83 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Payroll Deduction Director, State Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) 416.60 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 15 2017 City State Zip Code Transaction ID: SA11AI.9180 VAHerndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction **CHPA** Vice President, Regulatory Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General 562.49 Other (specify) 83.33 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

12 FOR LINE NUMBER: PAGE 9 OF Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12

Detailed Summary Page 13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Kochanowski, Barbara, A., Dr., Date of Receipt Mailing Address 951 Hidden Park Place 2017 City Zip Code State Transaction ID: SA11AI.9181 VA Herndon 20170 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) **CHPA** Vice President, Regulatory Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 604.16 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 10 15 2017 City State Zip Code Transaction ID: SA11AI.9186 VA Vienna 22182 Amount of Each Receipt this Period FEC ID number of contributing 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Consumer Healthcare Products Payroll Deduction President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 3958.46 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name c. Melville, Scott, M., , Date of Receipt Mailing Address 1596 Lupine Den Court 2017 City Zip Code State Transaction ID: SA11AI.9187 VAVienna 22182 Amount of Each Receipt this Period FEC ID number of contributing C 208.34 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) CHPA Payroll Consumer Healthcare Products President and CEO Receipt For: Aggregate Year-to-Date ▼ Primary General 4166.80 Other (specify) 458.35 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FOR LINE NUMBER: PAGE 10 OF 12 Use separate schedule(s) (check only one) for each category of the **X** 11a 11b 11c 12 Detailed Summary Page

13 14 15 16 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 15 2017 City Zip Code State Transaction ID: SA11AI.9190 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing C 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Sr. Dir., Fed. Affairs Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 475.00 Other (specify) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **B.** Schloss, Marc, , , Date of Receipt Mailing Address 8221 Larry Pl. 10 2017 City State Zip Code Transaction ID: SA11AI.9191 MD Chevy Chase 20815 Amount of Each Receipt this Period FEC ID number of contributing 25.00 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Cons. Healthcare Prod. Assn. Payroll Deduction Sr. Dir., Fed. Affairs Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ 500.00 Full Name of Individual (Last, First, Middle Initial) or Full Organization Name **C.** Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 15 2017 City Zip Code State Transaction ID: SA11AI.9192 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing C 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Payroll Deduction Consumer Healthcare Prod. Assn Sr. Dir., Comms. & Pub. Aff. Receipt For: Aggregate Year-to-Date ▼ Primary General 791.73 Other (specify) 91.67 SUBTOTAL of Receipts This Page (optional)..... TOTAL This Period (last page this line number only).....

FEC ID number of contributing

Name of Employer (for Individual)

federal political committee.

Receipt For:

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

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(check only one)											
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Detailed Summary Page 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) Consumer Healthcare Products Association PAC (CHPA/PAC) Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Tringale, Mike, , , Date of Receipt Mailing Address 2115 12th Place NW 2017 31 City State Zip Code Transaction ID: SA11AI.9193 DC Washington 20009 Amount of Each Receipt this Period FEC ID number of contributing 41.67 federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Sr. Dir., Comms. & Pub. Aff. Consumer Healthcare Prod. Assn. Payroll Deduction Receipt For: Aggregate Year-to-Date ▼ Primary General 833.40 Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name B Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period FEC ID number of contributing federal political committee. Memo Item Name of Employer (for Individual) Occupation (for Individual) Receipt For: Aggregate Year-to-Date ▼ Primary General Other (specify) ▼ Full Name of Individual (Last, First, Middle Initial) or Full Organization Name Date of Receipt Mailing Address City State Zip Code Amount of Each Receipt this Period

Other (specify)						
SUBTOTAL of Receipts This Page (optional)	<b>&gt;</b>		,	. ,	 41.67	
TOTAL This Period (last page this line number				983.86		
						_

Occupation (for Individual)

Aggregate Year-to-Date ▼

C

Memo Item

# S П

S	CHEDULE B (FEC Form 3X)		FOR LINE NUMBER: PAGE 12 OF 12												
IT	EMIZED DISBURSEMENTS	Use separate schedule(s) for each category of the				only 21b	only one) 1b 22 23					26 27			
			Summary Page			21b 28a	28b		23 28c		26	30b			
Ar	y information copied from such Reports and Staten	nents may n	ot be sold or use	ed by	any	perso	n for the	pur	pose o	of soli	iciting	contribu	ıtions		
	for commercial purposes, other than using the name														
$  \setminus $	NAME OF COMMITTEE (In Full)	:	- DAO (OLII	D 4 /E	- A C	• •									
/	Consumer Healthcare Products As	sociation	1 PAC (CH	PA/F	AC	,)									
_	Full Name (Last, First, Middle Initial)														
Α.	Wells Fargo Bank		Date of Disbursement												
	Mailing Address 1510 K Street NW						10 11 2017								
	,	State	Zip Code				FEC Id	denti	fication	Nun	nber				
	Washington Purpose of Disbursement	DC	20005					-	-	_	-				
	Client Service Charge			П.		7	C								
	Candidate Name			Cate	egory	/			action Each			.9195 ent this	Period		
					ype			-	-	-		42.4	-0		
	Office Sought: House Disburser Senate	nent For: Primary	General							_	7	43.5	03		
	President	Other (spec					Пм		lkama						
	State: District:						IVIG	emo	Item						
	Full Name (Last, First, Middle Initial)														
В.							Date of Disbursement								
	Mailing Address						M = N	'	D	D /	Y	Y	Y		
	City	State Zip Code					FEC Identification Number								
	Purpose of Disbursement			_	_	_	С				-				
		Category/													
	Candidate Name						Amount of Each Disbursement this Period								
	Office Sought: House Disbursen	ment For:				$\dashv$									
	Senate	Primary General Other (specify)													
							Memo Item								
_	State: District:					_	La monte non								
C.	Full Name (Last, First, Middle Initial)						Date o	of Di	sburse	ment					
							M N	/	D	D /	Υ	Y	Υ		
	Mailing Address										L				
	City 5	State	Zip Code			+	FFO I		f: 1:	NI					
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	Purpose of Disbursement					П	C								
	Candidate Name			0-4									Dariad		
	Category/ Type							Amount of Each Disbursement th							
	Office Sought: House Disbursement For:								,						
	Senate President	Primary General Other (specify) ▼													
	State: District:						Memo Item								
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