

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Write or Type Committee Name

ICAP NORTH AMERICA INC 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="2015"/>		<input type="text" value="51666.45"/>
(b) Cash on Hand at Beginning of Reporting Period.....	<input type="text" value="51666.45"/>	
(c) Total Receipts (from Line 19)	<input type="text" value="22608.61"/>	<input type="text" value="22608.61"/>
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	<input type="text" value="74275.06"/>	<input type="text" value="74275.06"/>
7. Total Disbursements (from Line 31).....	<input type="text" value="2500.00"/>	<input type="text" value="2500.00"/>
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)).....	<input type="text" value="71775.06"/>	<input type="text" value="71775.06"/>
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="0.00"/>	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	<input type="text" value="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. 06/2004)

Write or Type Committee Name

ICAP NORTH AMERICA INC PAC

Report Covering the Period: From: 01 / 01 / 2015 To: 06 / 30 / 2015

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).....	21999.26	21999.26
(ii) Unitemized	609.35	609.35
(iii) TOTAL (add Lines 11(a)(i) and (ii))..... ▶	22608.61	22608.61
(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)	22608.61	22608.61
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	0.00
17. Other Federal Receipts (Dividends, Interest, etc.).....	0.00	0.00
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))..... ▶	22608.61	22608.61
20. Total Federal Receipts (subtract Line 18(c) from Line 19)..... ▶	22608.61	22608.61

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	0.00	0.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	0.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	2500.00	2500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(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	0.00	0.00
30. Federal Election Activity (2 U.S.C. §431(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)) ..	2500.00	2500.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2500.00	2500.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	22608.61	22608.61
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	22608.61	22608.61
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b))	0.00	0.00
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	0.00	0.00

**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 6 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)
ICAP NORTH AMERICA INC PAC

A. Ed Brown
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Head of Strategic Initiatives - EBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4229

Amount of Each Receipt this Period
499.92

Semi-monthly payroll deduction - \$41.66

B. Jason Cohen
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Chief Operating Officer - EBS

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4196

Amount of Each Receipt this Period
499.92

Semi-monthly payroll deduction - \$41.66

C. Gregory Compa
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Chief Compliance Officer - SEF

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1500.00

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4193

Amount of Each Receipt this Period
1500.00

Semi-monthly payroll deduction - \$125.00

SUBTOTAL of Receipts This Page (optional)..... ▶ 2499.84

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 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	

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NAME OF COMMITTEE (In Full)
ICAP NORTH AMERICA INC PAC

A. Paul Dattilio
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Desk Head - Structured Credit

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt
02 / 23 / 2015
Transaction ID : SA11AI.4206

Amount of Each Receipt this Period
5000.00

Check contribution

B. Nancy Gleason
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.96

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4188

Amount of Each Receipt this Period
249.96

Semi-monthly payroll deduction - \$20.83

C. Daniel Godbey
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation CFO-Energy

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.98

Date of Receipt
06 / 15 / 2015
Transaction ID : SA11AI.4200

Amount of Each Receipt this Period
499.98

Monthly payroll deduction - \$83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 5749.94

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"/> 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)
ICAP NORTH AMERICA INC PAC

A. Christopher Hayden
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.96

Date of Receipt
06 / 26 / 2015
Transaction ID : SA11AI.4202

Amount of Each Receipt this Period
249.96

Monthly payroll deduction - \$41.66

B. Richard Kerschner
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Chief Corporate Development Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
499.92

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4211

Amount of Each Receipt this Period
499.92

Semi-monthly payroll deduction - \$41.66

C. Bruce Kim
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Broker Officer

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
2000.00

Date of Receipt
05 / 01 / 2015
Transaction ID : SA11AI.4213

Amount of Each Receipt this Period
2000.00

Check contribution

SUBTOTAL of Receipts This Page (optional)..... ▶ 2749.88

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)
ICAP NORTH AMERICA INC PAC

A. Daniel Lago
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Head of Equities

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1249.92

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4189

Amount of Each Receipt this Period
1249.92

Semi-monthly payroll deduction - \$104.16

B. Sean Murphy
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Exec VP BrokerTec - (Head of Sales)

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
249.96

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4197

Amount of Each Receipt this Period
249.96

Semi-monthly payroll deduction - \$20.83

C. John Nixon
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Executive Director

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt
03 / 31 / 2015
Transaction ID : SA11AI.4190

Amount of Each Receipt this Period
999.96

Semi-monthly payroll deduction - \$166.66

SUBTOTAL of Receipts This Page (optional).....▶ 2499.84

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)
ICAP NORTH AMERICA INC PAC

A. Rafael Pritchard
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation CEO TriResolve

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
04 / 13 / 2015
Transaction ID : SA11AI.4208

Amount of Each Receipt this Period
1000.00

Check contribution

B. Eugene Pyo
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
1000.00

Date of Receipt
05 / 05 / 2015
Transaction ID : SA11AI.4218

Amount of Each Receipt this Period
1000.00

Check contribution

C. Fred Quinto
Full Name (Last, First, Middle Initial)

Mailing Address 1100 Plaza Five
Harborside Financial Center

City Jersey City State NJ Zip Code 07922

FEC ID number of contributing federal political committee. **C**

Name of Employer ICAP North America LLC Occupation Broker

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
999.96

Date of Receipt
06 / 30 / 2015
Transaction ID : SA11AI.4198

Amount of Each Receipt this Period
999.96

Semi-monthly payroll deduction - \$83.33

SUBTOTAL of Receipts This Page (optional)..... ▶ 2999.96

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

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NAME OF COMMITTEE (In Full)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial) A. Guild Taylor		Date of Receipt MM / DD / YYYY 05 / 26 / 2015 Transaction ID : SA11AI.4226
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 1000.00
City Jersey City	State NJ	Zip Code 07922
FEC ID number of contributing federal political committee. C	Check contribution	
Name of Employer ICAP North America LLC	Occupation Broker	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00	

Full Name (Last, First, Middle Initial) B. Eisso VanderMuelen		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.4191
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 499.92
City Jersey City	State NJ	Zip Code 07922
FEC ID number of contributing federal political committee. C	Semi-monthly payroll deduction - \$41.66	
Name of Employer ICAP North America LLC	Occupation Product Manager	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 499.92	

Full Name (Last, First, Middle Initial) C. Nick Vitalo		Date of Receipt MM / DD / YYYY 06 / 30 / 2015 Transaction ID : SA11AI.4195
Mailing Address 1100 Plaza Five Harborside Financial Center		Amount of Each Receipt this Period 999.96
City Jersey City	State NJ	Zip Code 07922
FEC ID number of contributing federal political committee. C	Semi-monthly payroll deduction - \$83.33	
Name of Employer ICAP North America LLC	Occupation Senior Vice President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 999.96	

SUBTOTAL of Receipts This Page (optional).....▶	2499.88
TOTAL This Period (last page this line number only).....▶	21999.26

**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 type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<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)
ICAP NORTH AMERICA INC PAC

Full Name (Last, First, Middle Initial)

A. AUSTIN SCOTT FOR CONGRESS INC

Mailing Address PO BOX 2530

City TIFTON State GA Zip Code 31793

Purpose of Disbursement
Contribution

011

Candidate Name
JAMES AUSTIN SCOTT

Category/
Type

Office Sought: House
 Senate
 President
State: GA District: 08

Disbursement For: 2016
 Primary General
 Other (specify) ▼

Date of Disbursement

M M / D D / Y Y Y Y Y Y
06 / 29 / 2015

Transaction ID : SB23.4232

Amount of Each Disbursement this Period

2500.00

B.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

C.

Full Name (Last, First, Middle Initial)

Mailing Address

City State Zip Code

Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought: House
 Senate
 President
State: District:

Disbursement For:
 Primary General
 Other (specify) ▼

Date of Disbursement

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

Amount of Each Disbursement this Period

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

2500.00

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

2500.00