

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines

BILL PAC

ADDRESS (number and street) 228 S. Washington St., Ste. 115

Check if different than previously reported. (ACC) Alexandria VA 22314

2. **FEC IDENTIFICATION NUMBER** CITY STATE ZIPCODE

C00412288

3. IS THIS REPORT NEW (N) OR AMENDED (A)

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 Quarterly Report(YE)
- July 31 Mid-Year Report(Non-election Year Only) (MY)
- Termination Report (TER)

- (b) Monthly Report Due On:
- | | | | |
|---|--------------------------------------|---------------------------------------|--|
| <input type="checkbox"/> Feb 20 (M2) | <input type="checkbox"/> May 20 (M5) | <input type="checkbox"/> Aug 20 (M8) | <input type="checkbox"/> Nov 20 (M11) (Non-Election Year Only) |
| <input type="checkbox"/> Mar 20 (M3) | <input type="checkbox"/> Jun 20 (M6) | <input type="checkbox"/> Sep 20 (M9) | <input type="checkbox"/> Dec 20 (M12) (Non-Election Year Only) |
| <input checked="" type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input type="checkbox"/> Jan 31 (YE) |

- (c) 12-Day PRE-Election Report for the:
- | | | |
|---|--|---------------------------------------|
| <input type="checkbox"/> Primary (12P) | <input type="checkbox"/> General (12G) | <input type="checkbox"/> Runoff (12R) |
| <input type="checkbox"/> Convention (12C) | <input type="checkbox"/> Special (12G) | |

Election on _____ in the State of _____

- (d) 30-Day Post -Election Report for the:
- | | | |
|--|---------------------------------------|--|
| <input type="checkbox"/> General (30G) | <input type="checkbox"/> Runoff (30R) | <input type="checkbox"/> Special (30S) |
|--|---------------------------------------|--|

Election on _____ in the State of _____

5. Covering Period 03 01 2010 through 03 31 2010

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 Jeff Reeder

Signature of Treasurer Electronically Filed by Jeff Reeder Date 04 19 2010

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							
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FEC FORM 3X (Rev. 12/2004)

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
BILL PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

	COLUMN A This Period	COLUMN B Calendar Year-to-Date								
6. (a) Cash on Hand January 1 <table border="1"><tr><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	Y	Y	Y	Y	2	0	1	0		2804.69
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	7780.69									
(c) Total Receipts (from Line 19)	10000.00	15000.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	17780.69	17804.69								
7. Total Disbursements (from Line 31)	7512.00	7536.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	10268.69	10268.69								
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)	1109.95									

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
BILL PAC

Report Covering the Period: From:

M	M
0	3

D	D
0	1

Y	Y	Y	Y
2	0	1	0

 To:

M	M
0	3

D	D
3	1

Y	Y	Y	Y
2	0	1	0

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)	5000.00	5000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)	5000.00	5000.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	5000.00	10000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	10000.00	15000.00
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 Transfer (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))	10000.00	15000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	10000.00	15000.00

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared 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.....	12.00	36.00
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12.00	36.00
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	7500.00	7500.00
24. Independent Expenditure (use Schedule E)	0.00	0.00
25. Coordinated Expenditures Made by Party Committees (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) Shared 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))..	7512.00	7536.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	7512.00	7536.00

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

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)	10000.00	15000.00
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	10000.00	15000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12.00	36.00
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12.00	36.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 6 / 11	
	(check only one)			
<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<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)
BILL PAC

A.

Full Name (Last, First, Middle Initial)
Stephen G. Sheetz

Mailing Address 5700 Sixth Ave.

City	State	Zip Code
Altoona	PA	16602

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

Name of Employer Sheetz, Inc.	Occupation Chairman
----------------------------------	------------------------

Receipt For:
 Primary General
 Other (specify) ▼

Aggregate Year-to-Date ▼
5000.00

Date of Receipt

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

Transaction ID: SA11AI.4557

Amount of Each Receipt this Period
5000.00

Contribution

SUBTOTAL of Receipts This Page (optional)	▶	5000.00
TOTAL This Period (last page this line number only)	▶	5000.00

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:		PAGE 7 / 11	
	(check only one)			
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input checked="" type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13
<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) BILL PAC

A.	Full Name (Last, First, Middle Initial) UNION PACIFIC CORP. FUND FOR EFFECTIVE GOVERNMENT		Date of Receipt
	Mailing Address 600 13th St. NW Suite 340		<input type="text" value="03"/> / <input type="text" value="31"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Washington	DC	20005
	FEC ID number of contributing federal political committee.	<input type="text" value="C00010470"/>	Transaction ID: SA11C.4559
Name of Employer	Occupation	Amount of Each Receipt this Period	
		<input type="text" value="5000.00"/>	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼	Contribution	
	<input type="text" value="5000.00"/>		

SUBTOTAL of Receipts This Page (optional)	<input type="text" value="5000.00"/>
TOTAL This Period (last page this line number only)	<input type="text" value="5000.00"/>

**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)
BILL PAC

A.

Full Name (Last, First, Middle Initial)
ALLEN WEST FOR CONGRESS

Transaction ID: SB23.4578

Date of Disbursement

Mailing Address PO Box 1028

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

City State Zip Code
Deerfield Beach FL 33443

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
ALLEN B WEST

Office Sought: House
 Senate
 President
State: FL District: 22

Disbursement For: 2010
 Primary General
 Other (specify) ▼

B.

Full Name (Last, First, Middle Initial)
FRIENDS OF DENNIS ROSS

Transaction ID: SB23.4574

Date of Disbursement

Mailing Address PO BOX 7310

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

City State Zip Code
LAKELAND FL 33807

Amount of Each Disbursement this Period

500.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
DENNIS ALAN ROSS

Office Sought: House
 Senate
 President
State: FL District: 12

Disbursement For: 2010
 Primary General
 Other (specify) ▼

C.

Full Name (Last, First, Middle Initial)
LOU BARLETTA FOR CONGRESS

Transaction ID: SB23.4592

Date of Disbursement

Mailing Address P.O. BOX 128

M	M	/	D	D	/	Y	Y	Y	Y
0	3		1	8		2	0	1	0

City State Zip Code
Hazleton PA 18201

Amount of Each Disbursement this Period

2000.00

Purpose of Disbursement
Contribution

011
Category/ Type

Candidate Name
LOU BARLETTA

Office Sought: House
 Senate
 President
State: PA District: 11

Disbursement For: 2010
 Primary General
 Other (specify) ▼

SUBTOTAL of Disbursements This Page (optional)

3000.00

TOTAL This Period (last page this line number only)

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**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)
BILL PAC

A.	Full Name (Last, First, Middle Initial) MARTHA ROBY FOR CONGRESS	Transaction ID: SB23.4566 Date of Disbursement																			
	Mailing Address PO Box 195	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City Montgomery State AL Zip Code 36101	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name MARTHA ROBY	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AL District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

B.	Full Name (Last, First, Middle Initial) PEOPLE FOR PEARCE	Transaction ID: SB23.4582 Date of Disbursement																			
	Mailing Address PO Box 2696	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City Hobbs State NM Zip Code 88241	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name STEVAN E. PEARCE	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: NM District: 02	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

C.	Full Name (Last, First, Middle Initial) STEVE CHABOT FOR CONGRESS	Transaction ID: SB23.4586 Date of Disbursement																			
	Mailing Address 3339 Harrison Ave. 3014 Harrison Ave.	<table border="1"><tr><td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td></tr><tr><td>0</td><td>3</td><td></td><td>1</td><td>8</td><td></td><td>2</td><td>0</td><td>1</td><td>0</td></tr></table>	M	M	/	D	D	/	Y	Y	Y	Y	0	3		1	8		2	0	1
M	M	/	D	D	/	Y	Y	Y	Y												
0	3		1	8		2	0	1	0												
	City Cincinnati State OH Zip Code 45211	Amount of Each Disbursement this Period																			
	Purpose of Disbursement Contribution	<table border="1"><tr><td>500.00</td></tr></table>	500.00																		
500.00																					
	Candidate Name STEVE CHABOT	011 Category/Type																			
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 01	Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																			

SUBTOTAL of Disbursements This Page (optional)	<table border="1"><tr><td>1500.00</td></tr></table>	1500.00
1500.00		
TOTAL This Period (last page this line number only)	<table border="1"><tr><td></td></tr></table>	

**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)
BILL PAC

A.	Full Name (Last, First, Middle Initial) STIVERS FOR CONGRESS Mailing Address 4679 Winterset Drive City Columbus State OH Zip Code 43220 Purpose of Disbursement Contribution Candidate Name STEVE E STIVERS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 15 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4588 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 500.00 011 Category/ Type
B.	Full Name (Last, First, Middle Initial) TIM BURNS FOR CONGRESS Mailing Address PO BOX 4483 City EIGHTY FOUR State PA Zip Code 15330 Purpose of Disbursement Contribution Candidate Name TIMOTHY RAYMOND BURNS Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 12 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4562 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 2000.00 011 Category/ Type
C.	Full Name (Last, First, Middle Initial) TIM GRIFFIN FOR CONGRESS CAMPAIGN COMMITTEE Mailing Address P.O. Box 7526 City Little Rock State AR Zip Code 72217 Purpose of Disbursement Contribution Candidate Name JOHN TIMOTHY GRIFFIN Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: AR District: 02 Disbursement For: 2010 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: SB23.4570 Date of Disbursement 03 / 18 / 2010 Amount of Each Disbursement this Period 500.00 011 Category/ Type

SUBTOTAL of Disbursements This Page (optional) ▶

3000.00

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

7500.00

SCHEDULE D (FEC Form 3X)

DEBTS AND OBLIGATIONS

Excluding Loans

(Use separate schedule(s) for each numbered line)	PAGE 11 / 11	
	FOR LINE NUMBER: (check only one)	<input type="checkbox"/> 9 <input checked="" type="checkbox"/> 10

NAME OF COMMITTEE (In Full)
BILL PAC

A. Full Name (Last, First, Middle Initial) of Debtor or Creditor Huckaby Davis Lisker			Nature of Debt (Purpose): PAC Accounting/Compliance
Mailing Address 228 S. Washington St., Ste. 115			
City Alexandria	State VA	ZIP Code 22314	

Outstanding Balance Beginning This Period		Transaction ID: SD10.4526	
832.70			
Amount Incurred This Period	Payment This Period	Outstanding Balance at Close of This Period	
277.25	0.00	1109.95	

1) SUBTOTALS This Period This Page (optional).....	1109.95
2) TOTALS This Period (last page this line number only).....	1109.95
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)	1109.95