

# 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

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

ADDRESS (number and street) 1775 K STREET NW SUITE 500

Check if different than previously reported. (ACC) WASHINGTON DC 20006

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

C00341800

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 type="checkbox"/> Apr 20 (M4) | <input type="checkbox"/> Jul 20 (M7) | <input type="checkbox"/> Oct 20 (M10) | <input checked="" 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 12 01 2009 through 12 31 2009

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 Greg Principato

Signature of Treasurer Electronically Filed by Greg Principato Date 01 12 2009

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

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

	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>0</td><td>9</td></tr></table>	Y	Y	Y	Y	2	0	0	9		42776.78
Y	Y	Y	Y							
2	0	0	9							
(b) Cash on Hand at Beginning of Reporting Period .....	40368.09									
(c) Total Receipts (from Line 19) .....	1010.57	31550.00								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	41378.66	74326.78								
7. Total Disbursements (from Line 31) .....	2557.95	35506.07								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	38820.71	38820.71								
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) .....	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

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

Report Covering the Period: From: 

M	M
1	2

D	D
0	1

Y	Y	Y	Y
2	0	0	9

 To: 

M	M
1	2

D	D
3	1

Y	Y	Y	Y
2	0	0	9

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) .....	1010.57	24550.00
(ii) Unitemized .....	0.00	2000.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1010.57	26550.00
(b) Political Party Committees .....	0.00	0.00
(c) Other Political Committees (such as PACs) .....	0.00	5000.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5) .....	1010.57	31550.00
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)) .....	1010.57	31550.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1010.57	31550.00

## 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.....	2057.95	11406.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	2057.95	11406.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	500.00	24500.00
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	-400.00
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))..	2557.95	35506.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2557.95	35506.07

**DETAILED SUMMARY PAGE**  
of Disbursements

FEC Form 3X (Rev. 02/2003)

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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) .....	1010.57	31550.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1010.57	31550.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	2057.95	11406.07
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	2057.95	11406.07

# 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 / 11
	<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)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Ann Bellavia	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 619 North Edison Street	<b>Transaction ID:</b> SA11AI.5870
	City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer ACI-NA	Occupation Director of Govmt Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 495.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Ms Ann Bellavia	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 619 North Edison Street	<b>Transaction ID:</b> SA11AI.5871
	City State Zip Code Arlington VA 22203	Amount of Each Receipt this Period 15.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer ACI-NA	Occupation Director of Govmt Affairs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 510.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Ms Channon Hanna	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 3943 Newdale Road Apartment 30	<b>Transaction ID:</b> SA11AI.5872
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer ACI-NA	Occupation Associate Director of Government Affrs	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 220.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	40.00
<b>TOTAL</b> 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 / 11
	<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)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Ms Channon Hanna	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 3943 Newdale Road Apartment 30	<b>Transaction ID:</b> SA11AI.5873
	City State Zip Code Chevy Chase MD 20815	Amount of Each Receipt this Period 10.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer ACI-NA Occupation Associate Director of Government Affrs Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 230.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Deborah McElroy	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 5511 Pt. Longstreet Way	<b>Transaction ID:</b> SA11AI.5876
	City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 231.11
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer ACI-NA Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 4769.36	

<b>C.</b>	Full Name (Last, First, Middle Initial) Deborah McElroy	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 5511 Pt. Longstreet Way	<b>Transaction ID:</b> SA11AI.5877
	City State Zip Code Burke VA 22015	Amount of Each Receipt this Period 230.64
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
	Name of Employer ACI-NA Occupation Executive Vice President Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼ Aggregate Year-to-Date ▼ 5000.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<b>471.75</b>
<b>TOTAL</b> 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 / 11
	<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)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher Jon Oswald	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 9562 Ament Street	<b>Transaction ID:</b> SA11AI.5874
	City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer ACI-NA	Occupation VP Safety and Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 990.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Mr. Christopher Jon Oswald	Date of Receipt MM / DD / YYYY 12 / 31 / 2009
	Mailing Address 9562 Ament Street	<b>Transaction ID:</b> SA11AI.5875
	City State Zip Code Silver Spring MD 20910	Amount of Each Receipt this Period 45.00
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer ACI-NA	Occupation VP Safety and Operations	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1035.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Greg Principato	Date of Receipt MM / DD / YYYY 12 / 15 / 2009
	Mailing Address 4717 Newcomb Place	<b>Transaction ID:</b> SA11AI.5878
	City State Zip Code Alexandria VA 22304	Amount of Each Receipt this Period 208.69
	FEC ID number of contributing federal political committee. <b>C</b>	payroll deduction
Name of Employer ACI-NA	Occupation President	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 4799.87	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	298.69
<b>TOTAL</b> 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:		PAGE 9 / 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

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NAME OF COMMITTEE (In Full)  
AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

**A.** Full Name (Last, First, Middle Initial)  
Greg Principato

Mailing Address 4717 Newcomb Place

City State Zip Code  
Alexandria VA 22304

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

Name of Employer ACI-NA Occupation President

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
5000.00

Date of Receipt  

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

Transaction ID: SA11AI.5879

Amount of Each Receipt this Period  
200.13

payroll deduction

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	200.13
<b>TOTAL</b> This Period (last page this line number only) .....	▶	1010.57

**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)

PAGE 10 / 11

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

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

A.

Full Name (Last, First, Middle Initial)

National Association of Business, Political Action Committees

Transaction ID: SB21B.5893

Date of Disbursement

Mailing Address 101 Constitution Avenue, NW  
Suite 800 West

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

City Washington State DC Zip Code 20001

Amount of Each Disbursement this Period

2000.00
---------

Purpose of Disbursement  
dues

001
Category/ Type

Candidate Name

Office Sought:  House  
 Senate  
 President

Disbursement For:  Primary  General  
 Other (specify) ▼

State: District:

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

2000.00
---------

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

2000.00
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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)

PAGE 11 / 11

<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)

AIRPORTS COUNCIL INTERNATIONAL-NORTH AMERICA POLITICAL ACTION COMMITTEE (Airport PAC)

A.

Full Name (Last, First, Middle Initial)  
CITIZENS FOR JOHN OLVER FOR CONGRESS

Transaction ID: SB23.5881

Date of Disbursement

Mailing Address P.O. Box 819  
PO BOX 819

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

City Amherst State MA Zip Code 01004

Amount of Each Disbursement this Period

500.00
--------

Purpose of Disbursement contribution

011
Category/ Type

Candidate Name  
CITIZENS FOR JOHN OLVER FOR CONGRESS

Office Sought:  House  
 Senate  
 President

Disbursement For: 2010  
 Primary  General  
 Other (specify) ▼

State: District:

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

500.00
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TOTAL This Period (last page this line number only) .....

500.00
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