

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

Write or Type Committee Name
ORRINPAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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		63136.16
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period	80243.69									
(c) Total Receipts (from Line 19)	29000.00	526352.50								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	109243.69	589488.66								
7. Total Disbursements (from Line 31)	12884.82	493129.79								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	96358.87	96358.87								
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)	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
ORRINPAC

Report Covering the Period: From:

M	M
1	1

D	D
2	3

Y	Y	Y	Y
2	0	1	0

 To:

M	M
1	2

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)	0.00	206045.00
(ii) Unitemized	0.00	43807.50
(iii) TOTAL (add Lines 11(a)(i) and (ii)	0.00	249852.50
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs)	24000.00	261500.00
(d) Total Contributions (add Lines 11(a)(iii),(b) and (c)) (Carry Totals to Line 33, page 5)	24000.00	511352.50
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	5000.00	15000.00
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))	29000.00	526352.50
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	29000.00	526352.50

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.....	12884.82	186379.79
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	12884.82	186379.79
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	286000.00
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	1000.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c))	0.00	1000.00
29. Other Disbursements.....	0.00	19750.00
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))..	12884.82	493129.79
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	12884.82	493129.79

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)	24000.00	511352.50
34. Total Contribution Refunds (from Line 28(d))	0.00	1000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	24000.00	510352.50
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	12884.82	186379.79
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	12884.82	186379.79

SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 6 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 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)
ORRINPAC

<p>A. Full Name (Last, First, Middle Initial) ALLERGAN INC. PAC FOR EMPLOYEES PAC</p> <p>Mailing Address 2148 E. ORANGE VIEW LN</p> <p>City ORANGE State CA Zip Code 92867</p> <p>FEC ID number of contributing federal political committee. C C00292102</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 0 8 / 2 0 1 0</p> <p>Transaction ID: 10117.C3954</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt</p>
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<p>B. Full Name (Last, First, Middle Initial) AMERICAN HEALTH CARE ASSOCIATION PAC</p> <p>Mailing Address 1201 L ST, NW</p> <p>City WASHINGTON State DC Zip Code 20005</p> <p>FEC ID number of contributing federal political committee. C C00006080</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 2 / 2 0 1 0</p> <p>Transaction ID: 10117.C3956</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt</p>
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<p>C. Full Name (Last, First, Middle Initial) JPMORGAN CHASE & CO. PAC</p> <p>Mailing Address 10 S. DEARBORN ST</p> <p>City CHICAGO State IL Zip Code 60603</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer _____ Occupation _____</p> <p>Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 5000.00</p>	<p>Date of Receipt M M / D D / Y Y Y Y 1 2 / 2 9 / 2 0 1 0</p> <p>Transaction ID: 10117.C3959</p> <p>Amount of Each Receipt this Period 5000.00</p> <p>Receipt</p>
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SUBTOTAL of Receipts This Page (optional)	15000.00
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: PAGE 7 / 12
(check only one)
 11a 11b 11c 12
 13 14 15 16 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

A. Full Name (Last, First, Middle Initial)
NATIONAL ASSOCIATION OF INSURANCE

Mailing Address AND FINANCIAL ADVISORS PAC
2901 TELESTAR CT

City State Zip Code
FALLS CHURCH VA 22042

FEC ID number of contributing federal political committee. **C** C00005249

Name of Employer Occupation

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	/	2	2	/	2	0	1	0

Transaction ID: 10117.C3958

Amount of Each Receipt this Period
4000.00

Receipt

B. Full Name (Last, First, Middle Initial)
NATIONAL CABLE & TELECOMMUNICATIONS

Mailing Address 25 MASSACHUSETTES AVE, NW, STE 100

City State Zip Code
WASHINGTON DC 20001

FEC ID number of contributing federal political committee. **C** C00010082

Name of Employer Occupation

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	/	0	8	/	2	0	1	0

Transaction ID: 10117.C3955

Amount of Each Receipt this Period
5000.00

Receipt

SUBTOTAL of Receipts This Page (optional)	▶	9000.00
TOTAL This Period (last page this line number only)	▶	24000.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER:	PAGE 8 / 12
	(check only one)	
<input type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input checked="" type="checkbox"/> 15
		<input checked="" type="checkbox"/> 16
		<input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)
ORRINPAC

A.

Full Name (Last, First, Middle Initial) FRIENDS OF CHRISTINE O'DONNELL		Date of Receipt
Mailing Address P. O. BOX 3987		<input type="text" value="1"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="2"/> / <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="1"/> <input type="text" value="0"/>
City	State	Zip Code
WILMINGTON	DE	19807-
FEC ID number of contributing federal political committee.	<input type="text" value="C"/>	Transaction ID: 10117.C3957
Name of Employer	Occupation	Amount of Each Receipt this Period
		<input type="text" value="5000.00"/>
Receipt For:	Aggregate Year-to-Date ▼	Refund of Contribution Made
<input type="checkbox"/> Primary <input type="checkbox"/> General	<input type="text" value="5000.00"/>	Note: Refund
<input type="checkbox"/> Other (specify) ▼		

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 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)
ORRINPAC

A. Full Name (Last, First, Middle Initial) Autumn E-Media Mailing Address PO Box 371553 City LAS VEGAS State NV Zip Code 89137- Purpose of Disbursement Pac consulting Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10117.E2246 Date of Disbursement 12 / 29 / 2010
	Amount of Each Disbursement this Period 500.00 Category/Type PAC CONSULTING

B. Full Name (Last, First, Middle Initial) CBIZ MHM, LLC Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650 City SALT LAKE CITY State UT Zip Code 84101- Purpose of Disbursement Accounting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10117.E2247 Date of Disbursement 12 / 01 / 2010
	Amount of Each Disbursement this Period 2943.52 Category/Type ACCOUNTING FEES

C. Full Name (Last, First, Middle Initial) CBIZ MHM, LLC Mailing Address 175 SOUTH WEST TEMPLE, SUITE 650 City SALT LAKE CITY State UT Zip Code 84101- Purpose of Disbursement Accounting fees Candidate Name Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Transaction ID: 10117.E2248 Date of Disbursement 12 / 14 / 2010
	Amount of Each Disbursement this Period 1958.35 Category/Type ACCOUNTING FEES

SUBTOTAL of Disbursements This Page (optional) ▶	5401.87
TOTAL This Period (last page this line number only) ▶	[]

**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 / 12

<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)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) E. H. MURRAY GROUP, LLC	Transaction ID: 10117.E2249 Date of Disbursement 12 / 01 / 2010
	Mailing Address 6510 ANNA MARIE COURT	Amount of Each Disbursement this Period 5212.00
	City MC LEAN State VA Zip Code 22101-	
	Purpose of Disbursement Pac consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAC CONSULTING

B.	Full Name (Last, First, Middle Initial) NORTH CAPITOL STREET ENTERPRISES	Transaction ID: 10117.E2250 Date of Disbursement 12 / 01 / 2010
	Mailing Address 400 N. CAPITOL ST, NW, STE 585	Amount of Each Disbursement this Period 955.25
	City WASHINGTON State DC Zip Code 20001-	
	Purpose of Disbursement Office rent and phone	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		OFFICE RENT AND PHONE

C.	Full Name (Last, First, Middle Initial) NORTHCIRCLE, LLC	Transaction ID: 10117.E2251 Date of Disbursement 12 / 01 / 2010
	Mailing Address 552 WEST 925 NORTH CIRCLE	Amount of Each Disbursement this Period 100.00
	City CENTERVILLE State UT Zip Code 84014-	
	Purpose of Disbursement Pac consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAC CONSULTING

SUBTOTAL of Disbursements This Page (optional) ► **6267.25**

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

**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 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)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) OCTOBER, INC.	Transaction ID: 10117.E2252 Date of Disbursement 12 / 01 / 2010
	Mailing Address 11445 DIVELY AVENUE	Amount of Each Disbursement this Period 500.00
	City LAS VEGAS State NV Zip Code 89138-	
	Purpose of Disbursement Email & website management	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMAIL & WEBSITE MANAGEMENT

B.	Full Name (Last, First, Middle Initial) OCTOBER, INC.	Transaction ID: 10117.E2253 Date of Disbursement 12 / 29 / 2010
	Mailing Address 11445 DIVELY AVENUE	Amount of Each Disbursement this Period 500.00
	City LAS VEGAS State NV Zip Code 89138-	
	Purpose of Disbursement Email & website management	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		EMAIL & WEBSITE MANAGEMENT

C.	Full Name (Last, First, Middle Initial) RootsHQ, LLC	Transaction ID: 10117.E2254 Date of Disbursement 12 / 14 / 2010
	Mailing Address 211 7th Avenue North Suite LL-15	Amount of Each Disbursement this Period 99.00
	City NASHVILLE State TN Zip Code 37219-	
	Purpose of Disbursement Pac consulting	Category/ Type
	Candidate Name	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
		PAC CONSULTING

SUBTOTAL of Disbursements This Page (optional)	▶	1099.00
TOTAL This Period (last page this line number only)	▶	

**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 12 / 12

<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)
ORRINPAC

A.	Full Name (Last, First, Middle Initial) ZIONS BANK	Transaction ID: 10117.E2255
	Mailing Address 310 SOUTH MAIN ST	Date of Disbursement 11 / 30 / 2010
	City SALT LAKE CITY State UT Zip Code 84101-	Amount of Each Disbursement this Period 72.75
	Purpose of Disbursement Service fee Candidate Name	SERVICE FEE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

B.	Full Name (Last, First, Middle Initial) ZIONS BANK	Transaction ID: 10117.E2256
	Mailing Address 310 SOUTH MAIN ST	Date of Disbursement 12 / 31 / 2010
	City SALT LAKE CITY State UT Zip Code 84101-	Amount of Each Disbursement this Period 43.95
	Purpose of Disbursement Service fee Candidate Name	SERVICE FEE
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional)	116.70
TOTAL This Period (last page this line number only)	12884.82