

# 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  
American Society of Plastic Surgeons PLASTYPAC

ADDRESS (number and street) 20 F Street NW  
#310A  
 Check if different than previously reported. (ACC)  
Washington DC 20001

2. **FEC IDENTIFICATION NUMBER** C00249342  
**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:  
 Feb 20 (M2)  May 20 (M5)  Aug 20 (M8)  Nov 20 (M11) (Non-Election Year Only)  
 Mar 20 (M3)  Jun 20 (M6)  Sep 20 (M9)  Dec 20 (M12) (Non-Election Year Only)  
 Apr 20 (M4)  Jul 20 (M7)  Oct 20 (M10)  Jan 31 (YE)  
(c) 12-Day **PRE-Election** Report for the:  
 Primary (12P)  General (12G)  Runoff (12R)  
 Convention (12C)  Special (12S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_  
(d) 30-Day **Post -Election** Report for the:  
 General (30G)  Runoff (30R)  Special (30S)  
Election on \_\_\_\_\_ in the State of \_\_\_\_\_

5. Covering Period 11 23 2010 through 12 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 Scot Glasberg

Signature of Treasurer Electronically Filed by Scot Glasberg Date 01 26 2011

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 **FEC FORM 3X** (Rev. 12/2004)

A. Form/Schedule : **F3X**

Transaction ID :

**SUMMARY PAGE**  
**OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
American Society of Plastic Surgeons PLASTYPAC

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		97617.46
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	15249.93									
(c) Total Receipts (from Line 19) .....	4640.00	165794.01								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	19889.93	263411.47								
7. Total Disbursements (from Line 31) .....	-7370.40	236151.14								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	27260.33	27260.33								
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

FEC Form 3X (Rev. 06/2004)

Write or Type Committee Name

American Society of Plastic Surgeons PLASTYPAC

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) .....	4140.00	137599.84
(ii) Unitemized .....	500.00	23194.17
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	4640.00	160794.01
(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) .....	4640.00	160794.01
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	5000.00
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)) .....	4640.00	165794.01
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	4640.00	165794.01

## DETAILED SUMMARY PAGE

of Disbursements

5 / 12

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.....	129.60	3651.14
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	129.60	3651.14
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	-7500.00	232500.00
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))..	-7370.40	236151.14
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	-7370.40	236151.14

**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) .....	4640.00	160794.01
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	4640.00	160794.01
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	129.60	3651.14
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	129.60	3651.14

**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 / 12
	<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	

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)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Robert Louis Adams, MD		Date of Receipt
	Mailing Address 6070 Woodway Dr		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Memphis	TN	38120-3110
	FEC ID number of contributing federal political committee.		Transaction ID: AC29F9467C535120454
		Amount of Each Receipt this Period	<input type="text" value="250.00"/>
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="550.00"/>

<b>B.</b>	Full Name (Last, First, Middle Initial) A. K. Bhattacharya, MD		Date of Receipt
	Mailing Address 268 Pin Oak Rd		<input type="text" value="12"/> / <input type="text" value="09"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Freehold	NJ	07728-9323
	FEC ID number of contributing federal political committee.		Transaction ID: 7005D4E70FFB2792099
		Amount of Each Receipt this Period	<input type="text" value="300.00"/>
Name of Employer Plastic Surgery Plus		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>

<b>C.</b>	Full Name (Last, First, Middle Initial) Raymond A. Capone, MD		Date of Receipt
	Mailing Address 101 Field Club Rd		<input type="text" value="11"/> / <input type="text" value="30"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Pittsburgh	PA	15238-2220
	FEC ID number of contributing federal political committee.		Transaction ID: D100552FBB6AE5565A8
		Amount of Each Receipt this Period	<input type="text" value="300.00"/>
Name of Employer Self		Occupation Physician	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="300.00"/>

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="850.00"/>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/>

# 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 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)  
American Society of Plastic Surgeons PLASTYPAC

**A.** Full Name (Last, First, Middle Initial)  
Stefan B. Craig, MD

Mailing Address 11220 Hunters Pond Rd

City State Zip Code  
Saint Louis MO 63141-7672

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 09 / 2010

**Transaction ID:** 98300DDBB81D0C51C0F

Amount of Each Receipt this Period  
500.00

**B.** Full Name (Last, First, Middle Initial)  
Jeffrey M. Darrow, MD

Mailing Address 10 Eagle Dr

City State Zip Code  
Canton MA 02021-1573

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
500.00

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2010

**Transaction ID:** FC13A1E498488108533

Amount of Each Receipt this Period  
500.00

**C.** Full Name (Last, First, Middle Initial)  
Andrew G. Goldberg, MD

Mailing Address 3222 Navy Dr

City State Zip Code  
Oak Hill VA 20171-1600

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

Name of Employer Self Occupation  
Physician

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼  
250.00

Date of Receipt  
MM / DD / YYYY  
12 / 28 / 2010

**Transaction ID:** 5A071203F0655497B3D

Amount of Each Receipt this Period  
250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **1250.00**

**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 9 / 12  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
American Society of Plastic Surgeons PLASTYPAC

**A.**

Full Name (Last, First, Middle Initial)  
John B. Hijjawi, MD

Mailing Address 3630 Wolf Trap Ct

City State Zip Code  
Brookfield WI 53045-5148

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Medical College of Wisconsin Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 600.00

Date of Receipt

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

**Transaction ID:** 0D52E1F07B9709409F8

Amount of Each Receipt this Period  
600.00

**B.**

Full Name (Last, First, Middle Initial)  
Francis R. Johns, MD

Mailing Address 1022 Lexington Dr

City State Zip Code  
Export PA 15632-9022

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 250.00

Date of Receipt

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

**Transaction ID:** BB40D8DEB50EC8D22D7

Amount of Each Receipt this Period  
250.00

**C.**

Full Name (Last, First, Middle Initial)  
Morgan E. Norris, MD

Mailing Address 6906 Sewanee St

City State Zip Code  
Houston TX 77025-1348

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Self Physician

Receipt For:  Primary  General  
 Other (specify) ▼ Aggregate Year-to-Date ▼ 450.00

Date of Receipt

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

**Transaction ID:** 5F2E916AF4FB9A95D1C

Amount of Each Receipt this Period  
90.00

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

940.00

**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: (check only one)	PAGE 10 / 12
	<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)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b>	Full Name (Last, First, Middle Initial) Samir F. Shureih, MD	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 11815 Far Edge Path	<b>Transaction ID:</b> 3859112A5AAEEE9BB18
	City State Zip Code Columbia MD 21044-4371	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Self Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>B.</b>	Full Name (Last, First, Middle Initial) Wendell Smoot	Date of Receipt MM / DD / YYYY 12 / 28 / 2010
	Mailing Address 7970 Entrada De Luz E	<b>Transaction ID:</b> 678B8962ADC03633104
	City State Zip Code San Diego CA 92127-2559	Amount of Each Receipt this Period 500.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Occupation Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 500.00

<b>C.</b>	Full Name (Last, First, Middle Initial) William J. Vasileff, MD	Date of Receipt MM / DD / YYYY 11 / 30 / 2010
	Mailing Address 1992 Redding Rd	<b>Transaction ID:</b> D158AD5665809513FFB
	City State Zip Code Birmingham MI 48009-1053	Amount of Each Receipt this Period 300.00
	FEC ID number of contributing federal political committee. C	
	Name of Employer Birmingham Institute of Plastic Surger Occupation Physician Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 300.00

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	1100.00
<b>TOTAL</b> This Period (last page this line number only) .....	4140.00

**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)

PAGE 11 / 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)  
American Society of Plastic Surgeons PLASTYPAC

A.	Full Name (Last, First, Middle Initial) JP Morgan Chase		Transaction ID: B893E02BA2E62665CE9	
	Mailing Address 1201 South Milwaukee Ave		Date of Disbursement 12 / 02 / 2010	
	City Libertyville	State IL	Zip Code 60048	Amount of Each Disbursement this Period 129.60
	Purpose of Disbursement Bank Fees		001	
	Candidate Name		Category/ Type	
	Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		
	State: District:			

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

129.60

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

129.60

**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 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)  
American Society of Plastic Surgeons PLASTYPAC

<b>A.</b> Full Name (Last, First, Middle Initial) National Republican Congressional Committee <hr/> Mailing Address 320 First Street SE <hr/> City Washington State DC Zip Code 20003 <hr/> Purpose of Disbursement 2010 Contribution Candidate Name National Republican Congressional Committee <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> 4E967FA5F66B015BBF2 Date of Disbursement M M / D D / Y Y Y Y 1 2 / 3 1 / 2 0 1 0
	Amount of Each Disbursement this Period -5000.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
<b>B.</b> Full Name (Last, First, Middle Initial) Searchlight Leadership Fund <hr/> Mailing Address 607 14th Street, N.W. Suite 800 <hr/> City Washington State DC Zip Code 20005 <hr/> Purpose of Disbursement Candidate Name Searchlight Leadership Fund <hr/> Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District: <hr/> Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	<b>Transaction ID:</b> AD8AC7C58441AE2430A Date of Disbursement M M / D D / Y Y Y Y 1 2 / 0 6 / 2 0 1 0
	Amount of Each Disbursement this Period -2500.00
	<input type="text" value="011"/> Category/ Type
	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

**-7500.00**

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

**-7500.00**