



**SUMMARY PAGE  
OF RECEIPTS AND DISBURSEMENTS**

Write or Type Committee Name  
St Jude Medical Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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" style="display: inline-table; border-collapse: collapse;"><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		9575.01
Y	Y	Y	Y							
2	0	1	0							
(b) Cash on Hand at Beginning of Reporting Period .....	33641.46									
(c) Total Receipts (from Line 19) .....	1753.29	51819.74								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	35394.75	61394.75								
7. Total Disbursements (from Line 31) .....	0.00	26000.00								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	35394.75	35394.75								
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  
St Jude Medical Political Action Committee

Report Covering the Period: From: 

M	M
1	0

D	D
1	4

Y	Y	Y	Y
2	0	1	0

 To: 

M	M
1	1

D	D
2	2

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) .....	1531.29	45905.14
(ii) Unitemized .....	222.00	5914.60
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	1753.29	51819.74
(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) .....	1753.29	51819.74
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)) .....	1753.29	51819.74
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	1753.29	51819.74

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
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.....	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.....	0.00	26000.00
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))..	0.00	26000.00
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	0.00	26000.00

**DETAILED SUMMARY PAGE**  
of Disbursements

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) .....	1753.29	51819.74
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	1753.29	51819.74
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 / 11
	<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)  
St Jude Medical Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Scott Brown		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 2031 E Coconino Ct.		<b>Transaction ID:</b> SA11AI.5007
	City Gilbert	State AZ	Zip Code 85297
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 49.50
	Name of Employer St Jude Medical	Occupation Sales - Cardiovascular	Payroll \$16.50 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 297.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Thaddeus Cochran		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 605 Johnstone Drive		<b>Transaction ID:</b> SA11AI.5011
	City Madison	State MS	Zip Code 39110
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 270.00
	Name of Employer St Jude Medical	Occupation VP, Area Sales	Payroll \$90.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 1530.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Angela Craig		Date of Receipt MM / DD / YYYY 11 / 12 / 2010
	Mailing Address 1966 Princeton Ave.		<b>Transaction ID:</b> SA11AI.5013
	City St. Paul	State MN	Zip Code 55105
	FEC ID number of contributing federal political committee. <b>C</b>		Amount of Each Receipt this Period 150.00
	Name of Employer St Jude Medical	Occupation VP, Corporate Relations	Payroll \$50.00 Bi-weekly
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 900.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	▶	469.50
<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"/> 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)  
St Jude Medical Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Lynne Eilerman		Date of Receipt
	Mailing Address 2136 Datura Street		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Sarasota	FL	34239
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5016
Name of Employer St Jude Medical		Occupation Sales	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="75.00"/>
		<input type="text" value="425.00"/>	Payroll \$25.00 Bi-weekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Marc Gauthier		Date of Receipt
	Mailing Address 414 Stonebridge Crichel		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Allen	TX	75013
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5018
Name of Employer St Jude Medical		Occupation NMD Dir. Software Engineering	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="60.00"/>
		<input type="text" value="360.00"/>	Payroll \$20.00 Bi-weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Matt Hardie		Date of Receipt
	Mailing Address 235 St Andrews		<input type="text" value="11"/> / <input type="text" value="12"/> / <input type="text" value="2010"/>
	City	State	Zip Code
	Calhoun	LA	71225
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5021
Name of Employer St Jude Medical		Occupation Director Regional Sales - CRM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼	<input type="text" value="142.86"/>
		<input type="text" value="857.16"/>	Payroll \$47.62 Bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text" value="277.86"/>
<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 / 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"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
St Jude Medical Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
William Hautt

Mailing Address 5569 Nakoma

City State Zip Code  
Dallas TX 75209

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Jude Medical NMD Regional Sales Director

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 450.00

Date of Receipt 11 / 12 / 2010

**Transaction ID:** SA11AI.5022

Amount of Each Receipt this Period 75.00

Payroll \$25.00 Bi-weekly

**B.**

Full Name (Last, First, Middle Initial)  
David Hendrick

Mailing Address 2204 Demona Drive

City State Zip Code  
Austin TX 78733

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Jude Medical VP., Corporate Accounts

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 12 / 2010

**Transaction ID:** SA11AI.5023

Amount of Each Receipt this Period 150.00

Payroll \$50.00 Bi-weekly

**C.**

Full Name (Last, First, Middle Initial)  
Scott Holstine

Mailing Address 6200 Suter Parkway

City State Zip Code  
Austin TX 78735

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
St Jude Medical USD AVP

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 12 / 2010

**Transaction ID:** SA11AI.5024

Amount of Each Receipt this Period 75.00

Payroll \$25.00 Bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... 300.00

**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 / 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"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
-------------------------------------	-----	--------------------------	-----	--------------------------	-----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----	--------------------------	----

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NAME OF COMMITTEE (In Full)  
St Jude Medical Political Action Committee

**A.**

Full Name (Last, First, Middle Initial)  
Raymond Leonard

Mailing Address 11830 RiverOaks Drive

City Loveland State OH Zip Code 45140

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

Name of Employer St Jude Medical USD Occupation Sales Representative

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 425.00

Date of Receipt 11 / 12 / 2010

Transaction ID: SA11AI.5025

Amount of Each Receipt this Period 75.00

Payroll \$25.00 Bi-weekly

**B.**

Full Name (Last, First, Middle Initial)  
Tom Northenscold

Mailing Address 1215 Oakview Lane N

City Plymouth State MN Zip Code 55441

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

Name of Employer St Jude Medical Occupation VP., IT & CIO

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 900.00

Date of Receipt 11 / 12 / 2010

Transaction ID: SA11AI.5027

Amount of Each Receipt this Period 150.00

Payroll \$50.00 Bi-weekly

**C.**

Full Name (Last, First, Middle Initial)  
Armotta Porter

Mailing Address 10165 31st Court NE

City St Michael State MN Zip Code 55376

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

Name of Employer St Jude Medical Occupation Dir. Academic Affairs

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 428.58

Date of Receipt 11 / 12 / 2010

Transaction ID: SA11AI.5028

Amount of Each Receipt this Period 71.43

Payroll \$23.81 Bi-weekly

**SUBTOTAL** of Receipts This Page (optional) ..... ► 296.43

**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 / 11
	<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)  
St Jude Medical Political Action Committee

<b>A.</b>	Full Name (Last, First, Middle Initial) Edward Rush		Date of Receipt
	Mailing Address 1 Stearns Terrace		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Denville	NJ	07834
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5031
Name of Employer St Jude Medical		Occupation NMD Regional Sales Director	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 225.00	<input type="text"/> 37.50
			Payroll \$12.50 Bi-weekly

<b>B.</b>	Full Name (Last, First, Middle Initial) Bernadette Sowder		Date of Receipt
	Mailing Address 11665 Log Jump Tr.		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Ellicott	MD	21042
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5032
Name of Employer St Jude Medical USD		Occupation Sales Representative	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 350.00	<input type="text"/> 75.00
			Payroll \$25.00 Bi-weekly

<b>C.</b>	Full Name (Last, First, Middle Initial) Michael Tuckerman		Date of Receipt
	Mailing Address 11602 Claymont Circle		<input type="text"/> M <input type="text"/> M / <input type="text"/> D <input type="text"/> D / <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y 1 1 / 1 2 / 2 0 1 0
	City	State	Zip Code
	Windermere	FL	34786
	FEC ID number of contributing federal political committee. <b>C</b>		<b>Transaction ID:</b> SA11AI.5034
Name of Employer St Jude Medical		Occupation Director Regional Sales - CRM	Amount of Each Receipt this Period
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 450.00	<input type="text"/> 75.00
			Payroll \$25.00 Bi-weekly

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	<input type="text"/> <b>187.50</b>
<b>TOTAL</b> This Period (last page this line number only) .....	<input type="text"/> <b>1531.29</b>

**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)  
St Jude Medical Political Action Committee

A.	Full Name (Last, First, Middle Initial) Freinds of Sam Johnson	Transaction ID: SB23.5036 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2501 Wisconsin Ave #304	Amount of Each Disbursement this Period -1000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Ck#1567 3/29/10 voided re-issued ck#1587	011 Category/ Type
	Candidate Name Sam Johnson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼
B.	Full Name (Last, First, Middle Initial) Freinds of Sam Johnson	Transaction ID: SB23.5037 Date of Disbursement 10 / 25 / 2010
	Mailing Address 2501 Wisconsin Ave #304	Amount of Each Disbursement this Period 1000.00
	City Washington State DC Zip Code 20007	
	Purpose of Disbursement Fundraiser	011 Category/ Type
	Candidate Name Sam Johnson	
	Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 03	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼

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

0.00

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

0.00