FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **TYPE OR PRINT ▼** Example: If typing, type over the lines. 12FE4M5

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

ADDRESS (number and street) ▼ PO BOX 2485

☐ Check if different than previously reported. (ACC)

SPRINGFIELD | VA | 22152 –

CITY ▲ STATE ▲ ZIP CODE ▲

2. **FEC IDENTIFICATION NUMBER ▼** C C00490573

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

(b) Monthly Report Due On:

- ☐ Feb 20 (M2)
- ☐ Mar 20 (M3)
- ☐ Apr 20 (M4)
- ☐ May 20 (M5)
- ☐ Jun 20 (M6)
- ☐ Jul 20 (M7)
- ☐ Aug 20 (M8)
- ☐ Sep 20 (M9)
- ☐ Oct 20 (M10)
- ☐ Nov 20 (M11) (Non-Election Year Only)
- ☐ Dec 20 (M12) (Non-Election Year Only)
- ☐ Jan 31 (YE)

(c) 12-Day **PRE**-Election Report for the: ☐ Primary (12P) ☐ General (12G) ☐ Runoff (12R) ☐ Convention (12C) ☐ Special (12S)

Election on MM / DD / YYYY in the State of

(d) 30-Day **POST**-Election Report for the: ☒ General (30G) ☐ Runoff (30R) ☐ Special (30S)

Election on MM 11 / DD 02 / YYYY 2010 in the State of VA

5. Covering Period MM 10 / DD 01 / YYYY 2010 through MM 11 / DD 22 / YYYY 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 Dr. Krishan K. Aggarwal

Signature of Treasurer *Dr. Krishan K. Aggarwal* ***[Electronically Filed]*** Date MM 01 / DD 24 / YYYY 2012

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							

SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS

FEC **Form 3X** (Rev. 02/2003)

Write or Type Committee Name

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: MM 10 / DD 01 / YYYY 2010 To: MM 11 / DD 22 / YYYY 2010

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, YYYY 2010		0.00
(b) Cash on Hand at Beginning of Reporting Period	0.00	
(c) Total Receipts (from Line 19)	75000.00	75000.00
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	75000.00	75000.00
7. Total Disbursements (from Line 31)	49989.44	49989.44
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	25010.56	25010.56
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

ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

Report Covering the Period: From: M M 10 / D D 01 / Y Y Y Y 2010 To: M M 11 / D D 22 / Y Y Y Y 2010

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)	75000.00	75000.00
(ii) Unitemized	0.00	0.00
(iii) TOTAL (add Lines 11(a)(i) and (ii)) ▶	75000.00	75000.00
(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) ▶	75000.00	75000.00
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 Transfers (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)) ▶	75000.00	75000.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) ▶	75000.00	75000.00

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) Allocated 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	489.44	489.44
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b)) ▶	489.44	489.44
22. Transfers to Affiliated/Other Party Committees	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees	43000.00	43000.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (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	5000.00	5000.00
(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)) ▶	5000.00	5000.00
29. Other Disbursements	1500.00	1500.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated 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))	49989.44	49989.44
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31) ▶	49989.44	49989.44

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)	75000.00	75000.00
34. Total Contribution Refunds (from Line 28(d))	5000.00	5000.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	70000.00	70000.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ▶	489.44	489.44
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) ▶	489.44	489.44

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)
[X] 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)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Dr. Krishan K. Aggarwal
Mailing Address: PO Box 2485
City: Springfield State: VA Zip Code: 22152
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/25/2010
Transaction ID : SA11AI.4339
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Ravi P. Akella
Mailing Address: 5021 Keeneland Circle
City: Orlando State: FL Zip Code: 32819
FEC ID number of contributing federal political committee: C
Name of Employer: Orlando Internal Medicine
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/26/2010
Transaction ID : SA11AI.4111
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Harish Chandna
Mailing Address: 307 Woodlands Ave
City: Victoria State: TX Zip Code: 77904
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/26/2010
Transaction ID : SA11AI.4109
Amount of Each Receipt this Period: 5000.00

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Amarjit S. Dhaliwal
Mailing Address: 608 Bing Way
City: Modesto State: CA Zip Code: 95356
FEC ID number of contributing federal political committee: C
Name of Employer: Sutter Health
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/25/2010
Transaction ID : SA11AI.4344
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Hemant Dhingra
Mailing Address: 8277 N. Paula Ave
City: Fresno State: CA Zip Code: 93720
FEC ID number of contributing federal political committee: C
Name of Employer: Fresno Nephrology Medical Grou
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/25/2010
Transaction ID : SA11AI.4121
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Harbhajan S. Gill
Mailing Address: 754 Dane Court
City: Hemet State: CA Zip Code: 92543
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 500.00
Date of Receipt: 10/26/2010
Transaction ID : SA11AI.4101
Amount of Each Receipt this Period: 500.00

SUBTOTAL of Receipts This Page (optional) ▶ 10500.00

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Rekesh C. Gupta
Mailing Address: 341 E. Main Street, Ste 100
City: San Jacinto State: CA Zip Code: 92583
FEC ID number of contributing federal political committee: C
Name of Employer: Ramona Medical Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/25/2010
Transaction ID : SA11AI.4115
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Suresh C. Gupta
Mailing Address: 10805 Nantucket Ter
City: Potomac State: MD Zip Code: 20854
FEC ID number of contributing federal political committee: C
Name of Employer: Self-Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/26/2010
Transaction ID : SA11AI.4113
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Ravi Jahagirdar
Mailing Address: 396 North Spaulding Cove
City: Heathrow State: FL Zip Code: 32746
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/25/2010
Transaction ID : SA11AI.4337
Amount of Each Receipt this Period: 5000.00

SUBTOTAL of Receipts This Page (optional) ▶ 15000.00

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

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTS

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Sunita Kanumury
Mailing Address: 496 East Main Street
City: Denville | State: NJ | Zip Code: 07384
FEC ID number of contributing federal political committee: C
Name of Employer: Asthma & Allergy Care, P.C.
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 / 25 / 2010
Transaction ID : SA11AI.4347
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Narendra R. Kumar
Mailing Address: 3 East Grove Court
City: Freeland | State: MI | Zip Code: 48623
FEC ID number of contributing federal political committee: C
Name of Employer: Queens Medical Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 / 25 / 2010
Transaction ID : SA11AI.4342
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Ajay K. Lodha
Mailing Address: 7 Oak Ridge Lane
City: Roslyn | State: NY | Zip Code: 11576
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 / 25 / 2010
Transaction ID : SA11AI.4119
Amount of Each Receipt this Period: 5000.00

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

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Hemant Mehta
Mailing Address: 1231 W. Acalla
City: Hemet State: CA Zip Code: 92543
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 10/26/2010
Transaction ID : SA11AI.4107
Amount of Each Receipt this Period: 1500.00

B. Full Name (Last, First, Middle Initial): Asha Parikh
Mailing Address: 9210 Prestwick Club Dr
City: Duluth State: GA Zip Code: 30097
FEC ID number of contributing federal political committee: C
Name of Employer: Georgia Clinic
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10/25/2010
Transaction ID : SA11AI.4340
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Hasmukhlal Patel
Mailing Address: 1640 West Florida Ave
City: Hemet State: CA Zip Code: 92543
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 10/26/2010
Transaction ID : SA11AI.4103
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 8000.00

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)
[X] 11a [ ] 11b [ ] 11c [ ] 12
[ ] 13 [ ] 14 [ ] 15 [ ] 16 [ ] 17

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Jayesh B. Shah
Mailing Address: PO Box 780764
City: San Antonio State: TX Zip Code: 78278
FEC ID number of contributing federal political committee: C
Name of Employer: Wound Care Center
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 / 25 / 2010
Transaction ID : SA11AI.4123
Amount of Each Receipt this Period: 5000.00

B. Full Name (Last, First, Middle Initial): Shashi S. Shah
Mailing Address: 89 Shore Road
City: Manhasset State: NY Zip Code: 11030
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 5000.00
Date of Receipt: 10 / 25 / 2010
Transaction ID : SA11AI.4117
Amount of Each Receipt this Period: 5000.00

C. Full Name (Last, First, Middle Initial): Surendra K. Sharma
Mailing Address: 4020 W. Florida Ave
City: Hemet State: CA Zip Code: 92543
FEC ID number of contributing federal political committee: C
Name of Employer: Self Employed
Occupation: Physician
Receipt For: [ ] Primary [ ] General [ ] Other (specify)
Aggregate Year-to-Date: 1500.00
Date of Receipt: 10 / 26 / 2010
Transaction ID : SA11AI.4105
Amount of Each Receipt this Period: 1500.00

SUBTOTAL of Receipts This Page (optional) ▶ 11500.00

TOTAL This Period (last page this line number only) ▶ 75000.00

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)
[X] 21b [ ] 22 [ ] 23 [ ] 24 [ ] 25 [ ] 26
[ ] 27 [ ] 28a [ ] 28b [ ] 28c [ ] 29 [ ] 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): Branch Bank And Trust Company
Mailing Address: 1909 K Street NW
City: Washington State: DC Zip Code: 20006
Purpose of Disbursement: Bank Fee
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 11 / D D 02 / Y Y Y Y 2010
Transaction ID : SB21B.4394
Amount of Each Disbursement this Period: 420.00

B. Full Name (Last, First, Middle Initial): Branch Bank And Trust Company
Mailing Address: 1909 K Street NW
City: Washington State: DC Zip Code: 20006
Purpose of Disbursement: Bank Fee
Candidate Name:
Category/Type: 001
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 11 / D D 03 / Y Y Y Y 2010
Transaction ID : SB21B.4397
Amount of Each Disbursement this Period: 69.44

C. Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: [ ] Primary [ ] General [ ] Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 489.44

TOTAL This Period (last page this line number only) ▶ 489.44

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): BECERRA FOR CONGRESS
Mailing Address: P.O. Box 261060
City: Los Angeles State: CA Zip Code: 90026
Purpose of Disbursement:
Candidate Name: BECERRA FOR CONGRESS
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 31
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4231
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): BERA FOR CONGRESS
Mailing Address: Post Office Box 582496
City: Elk Grove State: CA Zip Code: 95758
Purpose of Disbursement: Committee Contribution
Candidate Name: AMERISH BERA
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 03
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4168
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): BERKLEY FOR CONGRESS
Mailing Address: 3069 Conquista Court
City: Las Vegas State: NV Zip Code: 89121
Purpose of Disbursement:
Candidate Name: BERKLEY FOR CONGRESS
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: NV District: 01
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4243
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): BILL CASSIDY FOR CONGRESS
Mailing Address: 8550 United Plaza Blvd. Suite 1001
City: Baton Rouge State: LA Zip Code: 70809
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: WILLIAM CASSIDY
Office Sought: ☒ House ☐ Senate ☐ President
State: LA District: 06
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4162
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): BLUMENAUER FOR CONGRESS
Mailing Address: 830 NE Holladay, #105
City: Portland State: OR Zip Code: 97232
Purpose of Disbursement:
Category/Type: 011
Candidate Name: BLUMENAUER FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 03
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4237
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): CANTOR FOR CONGRESS
Mailing Address: P. O. Box 17813
City: Richmond State: VA Zip Code: 23226
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: ERIC CANTOR
Office Sought: ☒ House ☐ Senate ☐ President
State: VA District: 07
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4181
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.
Mailing Address: PO Box 80126
City: Lafayette State: LA Zip Code: 70598
Purpose of Disbursement:
Candidate Name: CHARLES BOUSTANY JR. MD FOR CONGRESS, INC.
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: LA District: 07
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 25 / 2010
Transaction ID : SB23.4352
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): CITIZENS FOR ALTMIRE
Mailing Address: P.O. Box 1776
City: Freedom State: PA Zip Code: 15042
Purpose of Disbursement: Committee Contribution
Candidate Name: JASON ALTMIRE
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 04
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4138
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): CITIZENS FOR HARKIN
Mailing Address: P O BOX 811
City: DES MOINES State: IA Zip Code: 50304
Purpose of Disbursement: Committee Contribution
Candidate Name: CITIZENS FOR HARKIN
Category/Type: 011
Office Sought: [ ] House [X] Senate [ ] President
State: IA District: 00
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4294
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CITIZENS TO ELECT PHIL ROE TO CONGRESS

Mailing Address PO BOX 3218

City: JOHNSON CITY State: TN Zip Code: 37602

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: DAVID PHILLIP ROE

Office Sought: [X] House [ ] Senate [ ] President

State: TN District: 01

Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4164

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
COBURN FOR SENATE 2010

Mailing Address POST OFFICE BOX 977

City: MUSKOGEE State: OK Zip Code: 74402

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: COBURN FOR SENATE 2010

Office Sought: [ ] House [X] Senate [ ] President

State: OK District: 00

Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4310

Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial)
CONGRESSMAN JOE BARTON COMMITTEE, THE

Mailing Address P.O. Box 1444

City: Ennis State: TX Zip Code: 75120

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: JOE LINUS BARTON

Office Sought: [X] House [ ] Senate [ ] President

State: TX District: 06

Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4203

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 3000.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
CONGRESSMAN WAXMAN CAMPAIGN COMMITTEE

Mailing Address 6380 Wilshire Blvd. #1612

City: Los Angeles State: CA Zip Code: 90048

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: HENRY A. WAXMAN

Office Sought: ☒ House ☐ Senate ☐ President

State: CA District: 30

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4191

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
COURTNEY FOR CONGRESS

Mailing Address 38 Risley Road

City: Vernon State: CT Zip Code: 06066

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: JOSEPH D COURTNEY

Office Sought: ☒ House ☐ Senate ☐ President

State: CT District: 02

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4140

Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial)
CROWLEY FOR CONGRESS

Mailing Address 84-56 Grand Avenue

City: Elmhurst State: NY Zip Code: 11373

Purpose of Disbursement:

Category/Type: 011

Candidate Name: CROWLEY FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President

State: NY District: 07

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4247

Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1250.00

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)
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27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): DAVE CAMP FOR CONGRESS 2010
Mailing Address: 5915 Eastman Avenue, Suite 100
City: Midland State: MI Zip Code: 48640
Purpose of Disbursement:
Candidate Name: DAVE CAMP FOR CONGRESS 2010
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 04
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4249
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE
Mailing Address: 430 South Capitol Street, SE, 2nd Floor
City: Washington State: DC Zip Code: 20003
Purpose of Disbursement: Committee Contribution
Candidate Name: DEMOCRATIC CONGRESSIONAL CAMPAIGN COMMITTEE
Category/Type: 011
Office Sought: [ ] House [ ] Senate [ ] President
State: District:
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4189
Amount of Each Disbursement this Period: 1500.00

C. Full Name (Last, First, Middle Initial): DEVIN NUNES CAMPAIGN COMMITTEE
Mailing Address: PO BOX 6545
City: VISALIA State: CA Zip Code: 93290
Purpose of Disbursement: Committee Contribution
Candidate Name: DEVIN NUNES CAMPAIGN COMMITTEE
Category/Type: 011
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 21
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4262
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2750.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): DOGGETT FOR US CONGRESS
Mailing Address: PO Box 5843
City: Austin State: TX Zip Code: 78763
Purpose of Disbursement:
Candidate Name: DOGGETT FOR US CONGRESS
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 25
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4233
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): ENGEL FOR CONGRESS
Mailing Address: 462 California Road
City: Bronxville State: NY Zip Code: 10708
Purpose of Disbursement: Committee Contribution
Candidate Name: ELIOT L. REP. ENGEL
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 17
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4196
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): FRIENDS FOR JIM MCDERMOTT
Mailing Address: PO Box 21786
City: Seattle State: WA Zip Code: 98111
Purpose of Disbursement:
Candidate Name: FRIENDS FOR JIM MCDERMOTT
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: WA District: 07
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4229
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF CONGRESSMAN GEORGE MILLER

Mailing Address P.O. Box 5864

City: Concord State: CA Zip Code: 94524

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: GEORGE MILLER

Office Sought: ☒ House ☐ Senate ☐ President

State: CA District: 07

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4313

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF DAVE REICHERT

Mailing Address P. O. Box 53322

City: Bellevue State: WA Zip Code: 98015

Purpose of Disbursement:

Category/Type: 011

Candidate Name: FRIENDS OF DAVE REICHERT

Office Sought: ☒ House ☐ Senate ☐ President

State: WA District: 08

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 25 / 2010

Transaction ID : SB23.4351

Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF GLENN THOMPSON

Mailing Address PO Box 1112

City: State College State: PA Zip Code: 16804

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: GLENN MR. THOMPSON

Office Sought: ☒ House ☐ Senate ☐ President

State: PA District: 05

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4166

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): FRIENDS OF JARED POLIS COMMITTEE
Mailing Address: P.O. Box 4572
City: Boulder State: CO Zip Code: 80306
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: JARED POLIS
Office Sought: ☒ House ☐ Senate ☐ President
State: CO District: 02
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4144
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): FRIENDS OF JAY ROCKEFELLER
Mailing Address: PO BOX 1909
City: CHARLESTON State: WV Zip Code: 25327
Purpose of Disbursement:
Category/Type: 011
Candidate Name: JOHN DAVISON IV ROCKEFELLER
Office Sought: ☐ House ☒ Senate ☐ President
State: WV District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2010
Transaction ID : SB23.4355
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF JOE PITTS
Mailing Address: PO BOX 775
City: Unionville State: PA Zip Code: 19375
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: FRIENDS OF JOE PITTS
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 16
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4325
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN BOEHNER

Mailing Address 7908 Cincinnati Dayton Road
Suite I

City: West Chester | State: OH | Zip Code: 45069

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: JOHN A BOEHNER

Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4179

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN MCCAIN INC

Mailing Address C/O CAPLIN AND DRYSDALE
ONE THOMAS CIRCLE NW-SUITE 100

City: ARLINGTON | State: VA | Zip Code: 22215

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: FRIENDS OF JOHN MCCAIN INC

Office Sought: ☐ House ☒ Senate ☐ President
State: AZ District: 00

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4307

Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial)
FRIENDS OF JOHN SARBANES

Mailing Address PO Box 6854

City: Towson | State: MD | Zip Code: 21285

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: JOHN P. MR. SARBANES

Office Sought: ☒ House ☐ Senate ☐ President
State: MD District: 03

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4200

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1750.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): FRIENDS OF MAZIE HIRONO
Mailing Address: PO BOX 677
City: HONOLULU State: HI Zip Code: 96809
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: MAZIE MRS. HIRONO
Office Sought: ☒ House ☐ Senate ☐ President
State: HI District: 02
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4136
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): FRIENDS OF SAM JOHNSON
Mailing Address: P.O. Box 860096
City: Plano State: TX Zip Code: 75086
Purpose of Disbursement:
Category/Type: 011
Candidate Name: FRIENDS OF SAM JOHNSON
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 03
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4253
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): FRIENDS OF SCHUMER
Mailing Address: 509 MADISON AVE SUITE 1902
City: NEW YORK State: NY Zip Code: 10022
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: FRIENDS OF SCHUMER
Office Sought: ☐ House ☒ Senate ☐ President
State: NY District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4282
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): FRIENDS OF WEINER
Mailing Address: 1 Ascan Avenue #31, suite 31
City: Forest Hills State: NY Zip Code: 11375
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: ANTHONY D MR WEINER
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 09
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4198
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): GEOFF DAVIS FOR CONGRESS
Mailing Address: PO Box 17192, Suite F
City: Ft Mitchell State: KY Zip Code: 41017
Purpose of Disbursement:
Category/Type: 011
Candidate Name: GEOFF DAVIS FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 04
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2010
Transaction ID : SB23.4350
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): GEORGIANS FOR ISAKSON
Mailing Address: POST OFFICE BOX 250116
City: ATLANTA State: GA Zip Code: 30325
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: GEORGIANS FOR ISAKSON
Office Sought: ☐ House ☒ Senate ☐ President
State: GA District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4304
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): GINGREY FOR CONGRESS
Mailing Address: PO Box U
City: Marietta State: GA Zip Code: 30060
Purpose of Disbursement:
Candidate Name: GINGREY FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: GA District: 11
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Category/Type: 011
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4223
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): GUTHRIE FOR CONGRESS
Mailing Address: PO Box 9639
City: Bowling Green State: KY Zip Code: 42102
Purpose of Disbursement: Committee Contribution
Candidate Name: S. BRETT GUTHRIE
Office Sought: [X] House [ ] Senate [ ] President
State: KY District: 02
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Category/Type: 011
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4160
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)
Mailing Address: POST OFFICE BOX 711
City: ROCKWALL State: TX Zip Code: 75087
Purpose of Disbursement:
Candidate Name: HALL FOR CONGRESS COMMITTEE (RALPH HALL - ROCKWALL, TEXAS)
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 04
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Category/Type: 011
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4205
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
HATCH ELECTION COMMITTEE INC

Mailing Address 175 SOUTH WEST TEMPLE SUITE 650

City: SALT LAKE CITY State: UT Zip Code: 84101

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: HATCH ELECTION COMMITTEE INC

Office Sought: [ ] House [X] Senate [ ] President
State: UT District:

Disbursement For: 2010
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4285

Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial)
HELLER FOR CONGRESS

Mailing Address PO Box 531086

City: Henderson State: NV Zip Code: 89053

Purpose of Disbursement:

Category/Type: 011

Candidate Name: DEAN HELLER

Office Sought: [X] House [ ] Senate [ ] President
State: NV District: 02

Disbursement For: 2010
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 10 / 25 / 2010

Transaction ID : SB23.4353

Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial)
HOYER FOR CONGRESS

Mailing Address 607 14th Street, NW
Suite 800

City: Washington State: DC Zip Code: 20005

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: STENY HAMILTON HOYER

Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 05

Disbursement For: 2010
[ ] Primary [X] General
[ ] Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4176

Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
JOE WILSON FOR CONGRESS COMMITTEE

Mailing Address PO BOX 2145

City: WEST COLUMBIA State: SC Zip Code: 29171

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: JOE THE HON. WILSON

Office Sought: ☒ House ☐ Senate ☐ President

State: SC District: 02

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4155

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
JOHN SULLIVAN FOR CONGRESS INC

Mailing Address Post Office Box 470840

City: Tulsa State: OK Zip Code: 74147

Purpose of Disbursement:

Category/Type: 011

Candidate Name: WU FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President

State: OR District: 01

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4215

Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial)
JOHN TIERNEY FOR CONGRESS

Mailing Address 49 Federal Street

City: Salem State: MA Zip Code: 01970

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: JOHN F TIERNEY

Office Sought: ☒ House ☐ Senate ☐ President

State: MA District: 06

Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4322

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): JUDY BIGGERT FOR CONGRESS
Mailing Address: P.O. Box 637
City: Hinsdale State: IL Zip Code: 60522
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: JUDY BIGGERT
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 13
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4152
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): KIND FOR CONGRESS COMMITTEE
Mailing Address: 205 5th Avenue South Suite 428
City: La Crosse State: WI Zip Code: 54601
Purpose of Disbursement:
Category/Type: 011
Candidate Name: KIND FOR CONGRESS COMMITTEE
Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 03
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4239
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): KLINE FOR CONGRESS
Mailing Address: 101 W Burnsville Pkwy Suite 104 Suite 104
City: Burnsville State: MN Zip Code: 55337
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: JOHN PAUL JR KLINE
Office Sought: ☒ House ☐ Senate ☐ President
State: MN District: 02
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4150
Amount of Each Disbursement this Period: 1000.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): LEVIN FOR CONGRESS
Mailing Address: PO Box 37
City: Roseville State: MI Zip Code: 48066
Purpose of Disbursement:
Candidate Name: LEVIN FOR CONGRESS
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 12
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4225
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): MARCIA FUDGE FOR CONGRESS
Mailing Address: 3729 SILSBY RD
City: UNIVERSITY HEIGHTS State: OH Zip Code: 44118
Purpose of Disbursement: Committee Contribution
Candidate Name: MARCIA L FUDGE
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: OH District: 11
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4142
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): MARSHA BLACKBURN FOR CONGRESS INC.
Mailing Address: PO Box 3750
City: Brentwood State: TN Zip Code: 37024
Purpose of Disbursement:
Candidate Name: MARSHA BLACKBURN FOR CONGRESS INC.
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TN District: 07
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4221
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): MCCOTTER CONGRESSIONAL COMMITTEE
Mailing Address: PO Box 530788
City: Livonia State: MI Zip Code: 48153
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: THADDEUS G. MR. MCCOTTER
Office Sought: [X] House [ ] Senate [ ] President
State: MI District: 11
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4185
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): MICHAEL BURGESS FOR CONGRESS
Mailing Address: PO Box 2334
City: Denton State: TX Zip Code: 76202
Purpose of Disbursement:
Category/Type: 011
Candidate Name: MICHAEL BURGESS FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: TX District: 26
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4219
Amount of Each Disbursement this Period: 1000.00

C. Full Name (Last, First, Middle Initial): MIKE CRAPO FOR US SENATE
Mailing Address: P.O. BOX 1948
City: BOISE State: ID Zip Code: 83701
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: MIKE CRAPO FOR US SENATE
Office Sought: [ ] House [X] Senate [ ] President
State: ID District: 00
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4288
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2000.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): MIKE PENCE COMMITTEE
Mailing Address: P. O. Box 408
City: Anderson State: IN Zip Code: 46015
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: MIKE PENCE
Office Sought: [X] House [ ] Senate [ ] President
State: IN District: 06
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB23.4183
Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial): MIKE THOMPSON FOR CONGRESS
Mailing Address: 5429 Madison Avenue
City: Sacramento State: CA Zip Code: 95841
Purpose of Disbursement:
Category/Type: 011
Candidate Name: MIKE THOMPSON FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: CA District: 01
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB23.4235
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): MIKULSKI FOR SENATE COMMITTEE
Mailing Address: PO BOX 13147
City: BALTIMORE State: MD Zip Code: 21203
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: MIKULSKI FOR SENATE COMMITTEE
Office Sought: [ ] House [X] Senate [ ] President
State: MD District: 00
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB23.4297
Amount of Each Disbursement this Period: 500.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1250.00

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

SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS

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FOR LINE NUMBER: (check only one)
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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Mailing Address 320 FIRST STREET SE

City: WASHINGTON State: DC Zip Code: 20003

Purpose of Disbursement: Committee Contribution

Category/Type: 011

Candidate Name: NATIONAL REPUBLICAN CONGRESSIONAL COMMITTEE

Office Sought: ☐ House ☐ Senate ☐ President
State: District:

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4187

Amount of Each Disbursement this Period: 1500.00

B. Full Name (Last, First, Middle Initial)
PALLONE FOR CONGRESS

Mailing Address PO Box 3176

City: Long Branch State: NJ Zip Code: 07740

Purpose of Disbursement:

Category/Type: 011

Candidate Name: PALLONE FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 06

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4193

Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial)
PASCRELL FOR CONGRESS

Mailing Address P.O. Box 640

City: Totowa State: NJ Zip Code: 07511

Purpose of Disbursement:

Category/Type: 011

Candidate Name: PASCRELL FOR CONGRESS

Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 08

Disbursement For: 2010
☐ Primary ☒ General
☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4241

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 2250.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): PAUL TONKO FOR CONGRESS
Mailing Address: 911 Central Avenue, PO Box 221
City: Albany State: NY Zip Code: 12206
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: PAUL DAVID TONKO
Office Sought: ☒ House ☐ Senate ☐ President
State: NY District: 21
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4146
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): PETE STARK RE-ELECTION COMMITTEE
Mailing Address: P.O. Box 8331
City: Fremont State: CA Zip Code: 94537
Purpose of Disbursement:
Category/Type: 011
Candidate Name: PETE STARK RE-ELECTION COMMITTEE
Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 13
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4227
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): PIERLUISI 2008 INC.
Mailing Address: PMB 232, 1353 ROAD 19
City: GUAYNABO State: PR Zip Code: 00966
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: PEDRO R PIERLUISI
Office Sought: ☒ House ☐ Senate ☐ President
State: PR District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4148
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 750.00

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

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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): PRICE FOR CONGRESS
Mailing Address: P.O. Box 425
City: Roswell State: GA Zip Code: 30077
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: THOMAS EDMUNDS PRICE
Office Sought: ☒ House ☐ Senate ☐ President
State: GA District: 06
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4157
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): RAJ GOYLE FOR CONGRESS, INC.
Mailing Address: P.O. Box 780971
City: Wichita State: KS Zip Code: 67278
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: RAJ GOYLE
Office Sought: ☒ House ☐ Senate ☐ President
State: KS District: 04
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4170
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): ROB ANDREWS U.S. HOUSE COMMITTEE
Mailing Address: 215 FOURTH AVENUE
-
City: HADDON HEIGHTS State: NJ Zip Code: 07076
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: ROBERT E. MR. ANDREWS
Office Sought: ☒ House ☐ Senate ☐ President
State: NJ District: 01
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4316
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1750.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): ROGERS FOR CONGRESS
Mailing Address: PO Box 581, Post Office Box 581
City: Brighton State: MI Zip Code: 48116
Purpose of Disbursement:
Candidate Name: ROGERS FOR CONGRESS
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: MI District: 08
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4211
Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial): ROSKAM FOR CONGRESS COMMITTEE
Mailing Address: P. O. Box 713
City: Wheaton State: IL Zip Code: 60187
Purpose of Disbursement: Committee Contribution
Candidate Name: ROSKAM FOR CONGRESS COMMITTEE
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: IL District: 06
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4276
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): RUBEN HINOJOSA FOR CONGRESS
Mailing Address: 502 North 11th Street
City: McAllen State: TX Zip Code: 78501
Purpose of Disbursement: Committee Contribution
Candidate Name: RUBEN E. HINOJOSA
Category/Type: 011
Office Sought: ☒ House ☐ Senate ☐ President
State: TX District: 15
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4319
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 750.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
RYAN FOR CONGRESS

Mailing Address P. O. Box 1919
P. O. Box 1919

City: Janesville State: WI Zip Code: 53547

Purpose of Disbursement

Candidate Name: RYAN FOR CONGRESS

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: WI District: 01

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4255

Amount of Each Disbursement this Period: 250.00

B. Full Name (Last, First, Middle Initial)
SUE MYRICK FOR CONGRESS

Mailing Address P.O. Box 37091

City: Charlotte State: NC Zip Code: 28237

Purpose of Disbursement

Candidate Name: SUE MYRICK FOR CONGRESS

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: NC District: 09

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4213

Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial)
SUSAN DAVIS FOR CONGRESS

Mailing Address 1212 S. Victory Blvd.
Suite 200

City: Burbank State: CA Zip Code: 91502

Purpose of Disbursement
Committee Contribution

Candidate Name: SUSAN A DAVIS

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 53

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4135

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 750.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): TEXANS FOR SENATOR JOHN CORNYN INC
Mailing Address: PO BOX 13026, SUITE 180
City: AUSTIN State: TX Zip Code: 78711
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: TEXANS FOR SENATOR JOHN CORNYN INC
Office Sought: ☐ House ☒ Senate ☐ President
State: TX District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB23.4291
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): THE RICHARD BURR 2010 VICTORY COMMITTEE
Mailing Address: PO Box 5456
City: Winston-Salem State: NC Zip Code: 27113
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: THE RICHARD BURR 2010 VICTORY COMMITTEE
Office Sought: ☐ House ☒ Senate ☐ President
State: District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB23.4300
Amount of Each Disbursement this Period: 500.00

C. Full Name (Last, First, Middle Initial): TIM MURPHY FOR CONGRESS
Mailing Address: P.O. BOX 24551
City: PITTSBURGH State: PA Zip Code: 15234
Purpose of Disbursement:
Category/Type: 011
Candidate Name: TIM MURPHY FOR CONGRESS
Office Sought: ☒ House ☐ Senate ☐ President
State: PA District: 18
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB23.4217
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1750.00

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)
21b 22 [X] 23 24 25 26
27 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial): TRIVEDI FOR CONGRESS
Mailing Address: 83 W Main St, Suite 2
City: Elverson State: PA Zip Code: 19520
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: MANAN TRIVEDI
Office Sought: [X] House [ ] Senate [ ] President
State: PA District: 06
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4174
Amount of Each Disbursement this Period: 1000.00

B. Full Name (Last, First, Middle Initial): VAN HOLLEN FOR CONGRESS
Mailing Address: 10537 St. Paul St.
City: Kensington State: MD Zip Code: 20895
Purpose of Disbursement:
Category/Type: 011
Candidate Name: VAN HOLLEN FOR CONGRESS
Office Sought: [X] House [ ] Senate [ ] President
State: MD District: 08
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4245
Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial): VOLUNTEERS FOR SHIMKUS
Mailing Address: P.O. BOX 661, PO BOX 5458
City: COLLINSVILLE State: IL Zip Code: 62234
Purpose of Disbursement:
Category/Type: 011
Candidate Name: VOLUNTEERS FOR SHIMKUS
Office Sought: [X] House [ ] Senate [ ] President
State: IL District: 19
Disbursement For: 2010 [ ] Primary [X] General [ ] Other (specify)
Date of Disbursement: 10 / 27 / 2010
Transaction ID : SB23.4209
Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

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)
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☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A. Full Name (Last, First, Middle Initial)
WALLY HERGER FOR CONGRESS COMMITTEE

Mailing Address PO Box 1007

City: Willows State: CA Zip Code: 95988

Purpose of Disbursement

Candidate Name: WALLY HERGER FOR CONGRESS COMMITTEE

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: CA District: 02

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4251

Amount of Each Disbursement this Period: 500.00

B. Full Name (Last, First, Middle Initial)
WHITFIELD FOR CONGRESS COMMITTEE

Mailing Address P.O. BOX 391

City: HOPKINSVILLE State: KY Zip Code: 42241

Purpose of Disbursement

Candidate Name: WHITFIELD FOR CONGRESS COMMITTEE

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: KY District: 01

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4207

Amount of Each Disbursement this Period: 250.00

C. Full Name (Last, First, Middle Initial)
WU FOR CONGRESS

Mailing Address 818 SW Third Ave., #1182

City: Portland State: OR Zip Code: 97204

Purpose of Disbursement: Committee Contribution

Candidate Name: DAVID WU

Category/Type: 011

Office Sought: ☒ House ☐ Senate ☐ President
State: OR District: 01

Disbursement For: 2010
☐ Primary ☒ General ☐ Other (specify)

Date of Disbursement: 10 / 27 / 2010

Transaction ID : SB23.4129

Amount of Each Disbursement this Period: 250.00

SUBTOTAL of Disbursements This Page (optional) ▶ 1000.00

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)
☐ 21b ☐ 22 ☒ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☐ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): WYDEN FOR SENATE
Mailing Address: 232 NE 9TH AVENUE
City: PORTLAND State: OR Zip Code: 97232
Purpose of Disbursement:
Candidate Name: RONALD LEE WYDEN
Category/Type: 011
Office Sought: ☐ House ☒ Senate ☐ President
State: OR District: 00
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: 10 / 25 / 2010
Transaction ID : SB23.4357
Amount of Each Disbursement this Period: 500.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 500.00

TOTAL This Period (last page this line number only) ▶ 43000.00

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)
21b 22 23 24 25 26
27 [X] 28a 28b 28c 29 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): Hemant Dhingra
Mailing Address: 8277 N. Paula Ave
City: Fresno State: CA Zip Code: 93720
Purpose of Disbursement: Non Sufficient Funds
Category/Type: 010
Candidate Name:
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M 10 / D D 29 / Y Y Y Y 2010
Transaction ID : SB28A.4400
Amount of Each Disbursement this Period: 5000.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Category/Type:
Candidate Name:
Office Sought: House Senate President
State: District:
Disbursement For: Primary General Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 5000.00

TOTAL This Period (last page this line number only) ▶ 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)
☐ 21b ☐ 22 ☐ 23 ☐ 24 ☐ 25 ☐ 26
☐ 27 ☐ 28a ☐ 28b ☐ 28c ☒ 29 ☐ 30b

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NAME OF COMMITTEE (In Full)
ASSOCIATION OF PHYSICIANS OF INDIAN ORIGIN POLITICAL ACTION COMMITTEE

A.
Full Name (Last, First, Middle Initial): Nikki Haley for Governor
Mailing Address: P.O. Box 1773
City: Columbia State: SC Zip Code: 29201
Purpose of Disbursement: Committee Contribution
Category/Type: 011
Candidate Name: Nikki Haley for Governor
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: 2010 ☐ Primary ☒ General ☐ Other (specify)
Date of Disbursement: M M 10 / D D 27 / Y Y Y Y 2010
Transaction ID : SB29.4257
Amount of Each Disbursement this Period: 1500.00

B.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

C.
Full Name (Last, First, Middle Initial):
Mailing Address:
City: State: Zip Code:
Purpose of Disbursement:
Candidate Name:
Category/Type:
Office Sought: ☐ House ☐ Senate ☐ President
State: District:
Disbursement For: ☐ Primary ☐ General ☐ Other (specify)
Date of Disbursement: M M / D D / Y Y Y Y
Amount of Each Disbursement this Period:

SUBTOTAL of Disbursements This Page (optional) ▶ 1500.00

TOTAL This Period (last page this line number only) ▶ 1500.00