

FEC FORM 3X

REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines
To Protect Our Heritage PAC

ADDRESS (number and street) 2421 W. Pratt
 Check if different than previously reported. (ACC)
Chicago IL 60645

2. **FEC IDENTIFICATION NUMBER** C00135541
3. IS THIS REPORT NEW (N) **OR** AMENDED (A)

4. **TYPE OF REPORT** (Choose One)
(a) Quarterly Reports:
 April 15 Quarterly Report(Q1)
 July 15 Quarterly Report(Q2)
 October 15 Quarterly Report(Q3)
 January 31 Quarterly Report(YE)
 July 31 Mid-Year Report(Non-election Year Only) (MY)
 Termination Report (TER)
(b) Monthly Report Due On:
 Feb 20 (M2) May 20 (M5) Aug 20 (M8) Nov 20 (M11) (Non-Election Year Only)
 Mar 20 (M3) Jun 20 (M6) Sep 20 (M9) Dec 20 (M12) (Non-Election Year Only)
 Apr 20 (M4) Jul 20 (M7) Oct 20 (M10) Jan 31 (YE)
(c) 12-Day **PRE-Election** Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12G)
Election on _____ in the State of _____
(d) 30-Day **Post -Election** Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on _____ in the State of _____

5. Covering Period 04 01 2006 through 06 30 2006

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 Alan E. Molotsky

Signature of Treasurer Electronically Filed by Alan E. Molotsky Date 07 01 2006

NOTE : Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C 437g.

**SUMMARY PAGE
OF RECEIPTS AND DISBURSEMENTS**

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name
To Protect Our Heritage PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

	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>0</td><td>6</td></tr></table>	Y	Y	Y	Y	2	0	0	6		83343.59
Y	Y	Y	Y							
2	0	0	6							
(b) Cash on Hand at Beginning of Reporting Period	84133.34									
(c) Total Receipts (from Line 19)	3664.00	9701.80								
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B)	87797.34	93045.39								
7. Total Disbursements (from Line 31)	8520.28	13768.33								
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	79277.06	79277.06								
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**

Write or Type Committee Name
To Protect Our Heritage PAC

Report Covering the Period: From:

M	M
0	4

D	D
0	1

Y	Y	Y	Y
2	0	0	6

 To:

M	M
0	6

D	D
3	0

Y	Y	Y	Y
2	0	0	6

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	2000.00	3250.00
(i) Itemized (use Schedule A)		
(ii) Unitemized	1664.00	6451.80
(iii) TOTAL (add Lines 11(a)(i) and (ii)	3664.00	9701.80
(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)	3664.00	9701.80
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))	3664.00	9701.80
20. Total Federal Receipts (subtract Line 18(c) from Line 19)	3664.00	9701.80

DETAILED SUMMARY PAGE

of Disbursements

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Page 4

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	420.28	3168.33
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	420.28	3168.33
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	8100.00	10600.00
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))..	8520.28	13768.33
32. Total Federal Disbursements (subtract Line 21(a)(ii) from Line 30(a)(ii) from Line 31).....	8520.28	13768.33

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)	3664.00	9701.80
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	3664.00	9701.80
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	420.28	3168.33
37. Offsets to Operating Expenditures (from Line 15, page 3)	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36)	420.28	3168.33

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

Use separate schedule(s) or each category of the Detailed Summary Page	FOR LINE NUMBER: <input type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	PAGE 6 / 11
	(check only one)	
	<input checked="" 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)
To Protect Our Heritage PAC

A. Full Name (Last, First, Middle Initial) Sig Feiger		Date of Receipt M M / D D / Y Y Y Y Y 0 5 / 3 1 / 2 0 0 6	
Mailing Address 4545 W. Touhy		Transaction ID: SA11A1.4730	
City State Zip Code Lincolnwood IL 60712	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution to PAC		
Name of Employer Crawford Supply Corp.	Occupation President		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

B. Full Name (Last, First, Middle Initial) Judd Malkin		Date of Receipt M M / D D / Y Y Y Y Y 0 4 / 1 5 / 2 0 0 6	
Mailing Address 1850 Second Street, Suite 201		Transaction ID: SA11A1.4731	
City State Zip Code Highland Park IL 60035	Amount of Each Receipt this Period 1000.00		
FEC ID number of contributing federal political committee. C	Contribution to PAC		
Name of Employer JMB Realty	Occupation Executive		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 1000.00		

SUBTOTAL of Receipts This Page (optional) ▶	2000.00
TOTAL This Period (last page this line number only) ▶	2000.00

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)

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<input checked="" type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)
To Protect Our Heritage PAC

Full Name (Last, First, Middle Initial) A. Alan E. Molotsky		Transaction ID: SB21B.4722 Date of Disbursement 06 / 05 / 2006	
Mailing Address 3939 W. Greenwood		Amount of Each Disbursement this Period 70.20	
City Skokie State IL Zip Code 60076	Purpose of Disbursement Reimburse postage Candidate Name	001 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) B. Moneris Solutions Inc.		Transaction ID: SB21B.4719 Date of Disbursement 04 / 01 / 2006	
Mailing Address 700 East Lake Cook Road		Amount of Each Disbursement this Period 57.50	
City Elk Grove Village State IL Zip Code 60089	Purpose of Disbursement Credit Card Processing Fee Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

Full Name (Last, First, Middle Initial) C. Moneris Solutions Inc.		Transaction ID: SB21B.4720 Date of Disbursement 05 / 01 / 2006	
Mailing Address 700 East Lake Cook Road		Amount of Each Disbursement this Period 59.14	
City Elk Grove Village State IL Zip Code 60089	Purpose of Disbursement Credit Card Processing Fee Candidate Name	003 Category/ Type	
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		

SUBTOTAL of Disbursements This Page (optional) ▶	186.84
TOTAL This Period (last page this line number only) ▶	(Empty box)

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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<input checked="" type="checkbox"/>	21b	<input type="checkbox"/>	22	<input type="checkbox"/>	23	<input type="checkbox"/>	24	<input type="checkbox"/>	25	<input type="checkbox"/>	26
<input type="checkbox"/>	27	<input type="checkbox"/>	28a	<input type="checkbox"/>	28b	<input type="checkbox"/>	28c	<input type="checkbox"/>	29	<input type="checkbox"/>	30b

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NAME OF COMMITTEE (In Full)
To Protect Our Heritage PAC

Full Name (Last, First, Middle Initial) A. Moneris Solutions Inc.		Transaction ID: SB21B.4721																					
Mailing Address 700 East Lake Cook Road		Date of Disbursement																					
City Elk Grove Village State IL Zip Code 60089		<table border="1"> <tr> <td>M</td><td>M</td><td>/</td><td>D</td><td>D</td><td>/</td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> <tr> <td>0</td><td>6</td><td></td><td>0</td><td>1</td><td></td><td>2</td><td>0</td><td>0</td><td>6</td> </tr> </table>		M	M	/	D	D	/	Y	Y	Y	Y	0	6		0	1		2	0	0	6
M	M	/	D	D	/	Y	Y	Y	Y														
0	6		0	1		2	0	0	6														
Purpose of Disbursement Credit Card Processing Fee		Amount of Each Disbursement this Period																					
Candidate Name		<table border="1"> <tr> <td>57.50</td> </tr> </table>		57.50																			
57.50																							
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President		Category/Type																					
State: District:		003																					
Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼																							

SUBTOTAL of Disbursements This Page (optional)	▶	57.50
TOTAL This Period (last page this line number only)	▶	244.34

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
To Protect Our Heritage PAC

Full Name (Last, First, Middle Initial) A. DEWINE, RICHARD MICHAEL		Transaction ID: SB23.4711 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6
Mailing Address 2587 CONLEY RD		Amount of Each Disbursement this Period 1000.00
City CEDARVILLE State OH Zip Code 45314	011 Category/ Type	
Purpose of Disbursement Campaign contribution		
Candidate Name DEWINE, RICHARD MICHAEL		
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: OH District: 00	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) B. EDWARDS, CHET		Transaction ID: SB23.4714 Date of Disbursement M M / D D / Y Y Y Y 0 6 / 1 8 / 2 0 0 6
Mailing Address PO Box 23273		Amount of Each Disbursement this Period 500.00
City WACO State TX Zip Code 76702	011 Category/ Type	
Purpose of Disbursement Campaign Contribution		
Candidate Name EDWARDS, CHET		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: TX District: 17	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

Full Name (Last, First, Middle Initial) C. KIRK FOR CONGRESS		Transaction ID: SB23.4701 Date of Disbursement M M / D D / Y Y Y Y 0 5 / 3 1 / 2 0 0 6
Mailing Address P.O. Box 8		Amount of Each Disbursement this Period 4000.00
City Winnetka State IL Zip Code 60093	011 Category/ Type	
Purpose of Disbursement General Campaign contribution		
Candidate Name		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 10	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

SUBTOTAL of Disbursements This Page (optional) ▶	5500.00
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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<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)
To Protect Our Heritage PAC

Full Name (Last, First, Middle Initial) A. NELSON, E BENJAMIN		Transaction ID: SB23.4710 Date of Disbursement
Mailing Address P O BOX 540154		<input type="text" value="05"/> <input type="text" value="16"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City OMAHA	State NE	Zip Code 68154
Purpose of Disbursement Campaign Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name BILL NELSON FOR U S SENATE		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: NE	District: 00	
		Amount of Each Disbursement this Period <input type="text" value="750.00"/>

Full Name (Last, First, Middle Initial) B. PELOSI, NANCY		Transaction ID: SB23.4708 Date of Disbursement
Mailing Address 235 MONTGOMERY STREET SUITE 610		<input type="text" value="04"/> <input type="text" value="18"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City SAN FRANCISCO	State CA	Zip Code 94104
Purpose of Disbursement Campaign contribution		<input type="text" value="011"/> Category/ Type
Candidate Name PELOSI, NANCY		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: CA	District: 08	
		Amount of Each Disbursement this Period <input type="text" value="350.00"/>

Full Name (Last, First, Middle Initial) C. SCHAKOWSKY, JANICE D		Transaction ID: SB23.4717 Date of Disbursement
Mailing Address 1101 RIDGE AVENUE		<input type="text" value="05"/> <input type="text" value="10"/> / <input type="text" value="20"/> <input type="text" value="06"/>
City EVANSTON	State IL	Zip Code 60202
Purpose of Disbursement Campaign Contribution		<input type="text" value="011"/> Category/ Type
Candidate Name SCHAKOWSKY, JANICE D		
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2006 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
State: IL	District: 09	
		Amount of Each Disbursement this Period <input type="text" value="500.00"/>

SUBTOTAL of Disbursements This Page (optional)	<input type="text" value="1600.00"/>
TOTAL This Period (last page this line number only)	<input type="text"/>

SCHEDULE B (FEC Form 3X) ITEMIZED DISBURSEMENTS

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

FOR LINE NUMBER:
(check only one)

<input 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)
To Protect Our Heritage PAC

A. Full Name (Last, First, Middle Initial)
SHAW, E. CLAY JR.

Mailing Address P.O. Box 2188

City Fort Lauderdale State FL Zip Code 33303

Purpose of Disbursement Campaign Contribution

Candidate Name SHAW, E. CLAY JR.

Office Sought: House Senate President
State: FL District: 22

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4712

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

B. Full Name (Last, First, Middle Initial)
SHAYS, CHRISTOPHER

Mailing Address 98 East Avenue Rear Building

City Norwalk State CT Zip Code 06851

Purpose of Disbursement Campaign Contribution

Candidate Name SHAYS, CHRISTOPHER

Office Sought: House Senate President
State: CT District: 04

Disbursement For: 2006
 Primary General
 Other (specify) ▼

Transaction ID: SB23.4715

Date of Disbursement

/ /

Amount of Each Disbursement this Period

Category/
Type

SUBTOTAL of Disbursements This Page (optional)

TOTAL This Period (last page this line number only)