

# FEC FORM 3X

# REPORT OF RECEIPTS AND DISBURSEMENTS

For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) **USE FEC MAILING LABEL OR TYPE OR PRINT** Example: If typing, type over the lines  
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

ADDRESS (number and street) 7910 WOODMONT AVENUE SUITE 1050  
 Check if different than previously reported. (ACC)  
BETHESDA MD 20814

2. **FEC IDENTIFICATION NUMBER** C00401695  
**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 01 01 2010 through 01 31 2010

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.  
Type or Print Name of Treasurer Christine deVries

Signature of Treasurer Electronically Filed by Christine deVries Date 02 17 2010

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

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

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period: From:    To:

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <input type="text" value="2010"/>		28356.31
(b) Cash on Hand at Beginning of Reporting Period .....	28356.31	
(c) Total Receipts (from Line 19) .....	8930.00	8930.00
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	37286.31	37286.31
7. Total Disbursements (from Line 31) .....	14.08	14.08
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	37272.23	37272.23
9. Debts and Obligations owed <b>TO</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	
10. Debts and Obligations owed <b>BY</b> the committee (Itemize all on Schedule C and/or Schedule D) .....	0.00	

This Committee has qualified as a multicandidate committee. (see FEC FORM 1M)

**For further information contact:**

Federal Election Commission  
999 E street, NW  
Washington, DC 20463

Toll Free 800-424-9530  
Local 202-694-1100

**DETAILED SUMMARY PAGE  
OF RECEIPTS**

Write or Type Committee Name

AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

Report Covering the Period: From:    To:

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) .....	4910.00	4910.00
(ii) Unitemized .....	4020.00	4020.00
(iii) TOTAL (add Lines 11(a)(i) and (ii) .....	8930.00	8930.00
(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) .....	8930.00	8930.00
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 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)) .....	8930.00	8930.00
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	8930.00	8930.00

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

<b>II. DISBURSEMENTS</b>	<b>COLUMN A Total This Period</b>	<b>COLUMN B Calendar Year-to-Date</b>
21. Operating Expenditures:		
(a) Shared Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share.....	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures.....	14.08	14.08
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ▶	14.08	14.08
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	0.00	0.00
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))..	14.08	14.08
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	14.08	14.08

**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 .....	8930.00	8930.00
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	8930.00	8930.00
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	14.08	14.08
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	14.08	14.08

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

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

FOR LINE NUMBER: PAGE 6 / 11  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Iqbal Ahmed  
 Mailing Address 2861 Kalawao Street  
 City Honolulu State HI Zip Code 96822  
 Date of Receipt 01 / 21 / 2010  
**Transaction ID: SA11AI.5472**  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer University of HI, Med Schl Occupation Geriatric Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Christopher C. Colenda, MD  
 Mailing Address Robert C. Byrd Health Science Ctr  
 West VA University, PO Box 9000  
 City Morgantown State WV Zip Code 26506-9000  
 Date of Receipt 01 / 19 / 2010  
**Transaction ID: SA11AI.5468**  
 Amount of Each Receipt this Period 1000.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Robert C. Byrd Health Science Occupation Chancellor  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 1000.00

**C.** Full Name (Last, First, Middle Initial)  
 Upma Dhingra, MD  
 Mailing Address 2787 Forestlake Drive  
 City Westlake State OH Zip Code 44145-0000  
 Date of Receipt 01 / 19 / 2010  
**Transaction ID: SA11AI.5469**  
 Amount of Each Receipt this Period 250.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation Geriatric Psychiatrist  
 Receipt For:  Primary  General  Other (specify) ▼  
 Aggregate Year-to-Date 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 1500.00  
**TOTAL** This Period (last page this line number only) ..... ►

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 7 / 11  
(check only one)

<input checked="" type="checkbox"/>	11a	<input type="checkbox"/>	11b	<input type="checkbox"/>	11c	<input type="checkbox"/>	12	<input type="checkbox"/>	13	<input type="checkbox"/>	14	<input type="checkbox"/>	15	<input type="checkbox"/>	16	<input type="checkbox"/>	17
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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

**A.**

Full Name (Last, First, Middle Initial)  
Dr. Richard Fischbein, M.D.

Mailing Address Nesbitt Hospital, Second Floor  
562 Wyoming Avenue

City Kingston State PA Zip Code 18704

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

Name of Employer Nesbitt Hospital Occupation Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 28 / 2010  
Transaction ID: SA11AI.5492  
Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Chona Green

Mailing Address 23121 Plaza Pointe Dr.  
Ste 150

City Laguna Hills State CA Zip Code 92653-1468

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

Name of Employer UCLA NPI Occupation Geriatric Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 14 / 2010  
Transaction ID: SA11AI.5460  
Amount of Each Receipt this Period 250.00

**C.**

Full Name (Last, First, Middle Initial)  
Dr. David S. Harnett

Mailing Address 170 Governors Ave

City Medford State MA Zip Code 02155

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

Name of Employer Lawrence Memorial Hospital Occupation Geriatric Psychiatrist

Receipt For:  
 Primary  General  
 Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 19 / 2010  
Transaction ID: SA11AI.5470  
Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► 750.00

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

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

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

FOR LINE NUMBER: PAGE 8 / 11  
(check only one)  
 11a    11b    11c    12  
 13    14    15    16    17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)**

**A.** Full Name (Last, First, Middle Initial)  
 Dr. Gary Kennedy  
 Mailing Address 446 East 86th St.  
 Apt. 11  
 City State Zip Code  
 New York NY 10028-6472  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 1 0  
**Transaction ID:** SA11AI.5440  
 Amount of Each Receipt this Period  
 375.00  
 cash  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Montefiore Med Ctr. geriatric psychiatrist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 375.00

**B.** Full Name (Last, First, Middle Initial)  
 Dr. Dimitrios N. Kiosses  
 Mailing Address 21 Bloomingdale Road  
 City State Zip Code  
 White Plains NY 10605-1504  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 1 9 / 2 0 1 0  
**Transaction ID:** SA11AI.5467  
 Amount of Each Receipt this Period  
 285.00  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Weill Medical College of Corne PhD  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 285.00

**C.** Full Name (Last, First, Middle Initial)  
 Dr. Benjamin Liptzin  
 Mailing Address 187 Williamsburg Dr.  
 City State Zip Code  
 Longmeadow MA 01106  
 Date of Receipt  
 M M / D D / Y Y Y Y  
 0 1 / 0 5 / 2 0 1 0  
**Transaction ID:** SA11AI.5437  
 Amount of Each Receipt this Period  
 250.00  
 Cash  
 FEC ID number of contributing federal political committee. **C**  
 Name of Employer Occupation  
 Baystate Medical Center Geriatric Psychiatrist  
 Receipt For: Aggregate Year-to-Date ▼  
 Primary    General  
 Other (specify) ▼ 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... ► **910.00**  
**TOTAL** This Period (last page this line number only) ..... ►

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 / 11
	<input checked="" type="checkbox"/> 11a <input type="checkbox"/> 11b <input type="checkbox"/> 11c <input type="checkbox"/> 12	
	<input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17	

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-AC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. Adi Loebel, M.D.	Date of Receipt MM / DD / YYYY 01 / 22 / 2010
	Mailing Address 205 East 95th Street Apartment 26K	<b>Transaction ID:</b> SA11AI.5479
	City State Zip Code New York NY 10128	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Psychiatrist	
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>B.</b>	Full Name (Last, First, Middle Initial) Dr. Satyajit Mukherjee	Date of Receipt MM / DD / YYYY 01 / 05 / 2010
	Mailing Address 3 Bull Run Court	<b>Transaction ID:</b> SA11AI.5443
	City State Zip Code Mechanicsburg PA 17050	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation Private Practice Geriatric Psychiatrist	Cash
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>C.</b>	Full Name (Last, First, Middle Initial) Dr. David W Oslin	Date of Receipt MM / DD / YYYY 01 / 11 / 2010
	Mailing Address Univ Pa, Geriatric Psychiatry VISN 4 MIRECC, 3900 Chestnut St	<b>Transaction ID:</b> SA11AI.5455
	City State Zip Code Philadelphia PA 19104	Amount of Each Receipt this Period 250.00
	FEC ID number of contributing federal political committee. <b>C</b>	
	Name of Employer Occupation University of Pennsylvania Geriatric Psychiatrist	Cash
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	Aggregate Year-to-Date ▼ 250.00	

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	750.00
<b>TOTAL</b> This Period (last page this line number only) .....	

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

FOR LINE NUMBER: PAGE 10 / 11  
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16 <input type="checkbox"/> 17

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NAME OF COMMITTEE (In Full)  
**AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)**

**A.**

Full Name (Last, First, Middle Initial)  
Stephanie Reed

Mailing Address 36 Alexander Street

City State Zip Code  
**Alexandria VA 22314**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Amer Assn for Geriatric Psych Associate Director, Gov Relations

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 25 / 2010

**Transaction ID: SA11AI.5483**

Amount of Each Receipt this Period 250.00

**B.**

Full Name (Last, First, Middle Initial)  
Dr. Gerald M. Robertson, M.D.

Mailing Address Post Office Box 2540

City State Zip Code  
**Monroe LA 71207-2540**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 05 / 2010

**Transaction ID: SA11AI.5444**

Amount of Each Receipt this Period 250.00

cash

**C.**

Full Name (Last, First, Middle Initial)  
Dr. Robert L. Slayton

Mailing Address 221 Penn Avenue Ste 1100

City State Zip Code  
**Wilkinsburg PA 15221-2166**

FEC ID number of contributing federal political committee. C

Name of Employer Occupation  
Geriatric Psychiatrist

Receipt For:  Primary  General  Other (specify) ▼

Aggregate Year-to-Date ▼ 250.00

Date of Receipt 01 / 16 / 2010

**Transaction ID: SA11AI.5466**

Amount of Each Receipt this Period 250.00

**SUBTOTAL** of Receipts This Page (optional) ..... 750.00

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

# SCHEDULE A (FEC Form 3X) ITEMIZED RECEIPTS

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

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NAME OF COMMITTEE (In Full)  
AMERICAN ASSOCIATION FOR GERIATRIC PSYCHIATRY POLITICAL ACTION COMMITTEE (AAGP-P-AC)

<b>A.</b>	Full Name (Last, First, Middle Initial) Dr. David Trinkle		Date of Receipt	
	Mailing Address 2118 Rosalind Ave.		M M / D D / Y Y Y Y 01 / 27 / 2010	
	City	State	Zip Code	<b>Transaction ID:</b> SA11AI.5490
	Roanoke	VA	24014	
	FEC ID number of contributing federal political committee.		Amount of Each Receipt this Period	
C		250.00		
Name of Employer Carilion Ctr. healthy aging		Occupation Geriatric Psychiatrist		
Receipt For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼		Aggregate Year-to-Date ▼ 250.00		

<b>SUBTOTAL</b> of Receipts This Page (optional) .....	250.00
<b>TOTAL</b> This Period (last page this line number only) .....	4910.00