

FEC FORM 3

REPORT OF RECEIPTS AND DISBURSEMENTS

For An Authorized Committee

Office Use Only

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

ADDRESS (number and street) 2517 Broadway Ave
 Check if different than previously reported. (ACC) Kalamazoo MI 49008

2. **FEC IDENTIFICATION NUMBER** C C00540856 3. IS THIS REPORT NEW (N) **OR** AMENDED (A)
CITY STATE ZIP CODE STATE DISTRICT
MI 06

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)
 Termination Report (TER)

(b) 12-Day **PRE**-Election Report for the:
 Primary (12P) General (12G) Runoff (12R)
 Convention (12C) Special (12S)
Election on M M / D D / Y Y Y Y in the State of
(c) 30-Day **POST**-Election Report for the:
 General (30G) Runoff (30R) Special (30S)
Election on M M / D D / Y Y Y Y in the State of

5. Covering Period M M / D D / Y Y Y Y 01 / 01 / 2013 through M M / D D / Y Y Y Y 03 / 31 / 2013

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 Allen Webb

Signature of Treasurer Allen Webb [Electronically Filed] Date M M / D D / Y Y Y Y 04 / 15 / 2014

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

Write or Type Committee Name

Committee to Elect Paul Clements

Report Covering the Period: From: / / To: / /

	COLUMN A This Period	COLUMN B Election Cycle-to-Date
6. Net Contributions (other than loans)		
(a) Total Contributions (other than loans) (from Line 11(e))....	13360.00	13360.00
(b) Total Contribution Refunds (from Line 20(d))	0.00	0.00
(c) Net Contributions (other than loans) (subtract Line 6(b) from Line 6(a)).....	13360.00	13360.00
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	614.08	614.08
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	0.00
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a)).....	614.08	614.08
8. Cash on Hand at Close of Reporting Period (from Line 27).....	12745.92	
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	

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 3 (Revised 12/2003)

Write or Type Committee Name

Committee to Elect Paul Clements

Report Covering the Period: From: / / To: / /

I. RECEIPTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
11. CONTRIBUTIONS (other than loans) FROM:		
(a) Individuals/Persons Other Than Political Committees		
(i) Itemized (use Schedule A).....	10950.00	10950.00
(ii) Unitemized.....	910.00	910.00
(iii) TOTAL of contributions from individuals ▶	11860.00	11860.00
(b) Political Party Committees.....	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) The Candidate.....	1500.00	1500.00
(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..	13360.00	13360.00
12. TRANSFERS FROM OTHER AUTHORIZED COMMITTEES	0.00	0.00
13. LOANS:		
(a) Made or Guaranteed by the Candidate.....	0.00	0.00
(b) All Other Loans.....	0.00	0.00
(c) TOTAL LOANS (add Lines 13(a) and (b)).....	0.00	0.00
14. OFFSETS TO OPERATING EXPENDITURES (Refunds, Rebates, etc.)	0.00	0.00
15. OTHER RECEIPTS (Dividends, Interest, etc.)	0.00	0.00
16. TOTAL RECEIPTS (add Lines 11(e), 12, 13(c), 14, and 15) (Carry Total to Line 24, page 4)..... ▶	13360.00	13360.00

DETAILED SUMMARY PAGE
of Disbursements

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	614.08	614.08
18. TRANSFERS TO OTHER AUTHORIZED COMMITTEES	0.00	0.00
19. LOAN REPAYMENTS:		
(a) Of Loans Made or Guaranteed by the Candidate.....	0.00	0.00
(b) Of All Other Loans	0.00	0.00
(c) TOTAL LOAN REPAYMENTS (add Lines 19(a) and (b)).....	0.00	0.00
20. 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 20(a), (b), and (c)).....	0.00	0.00
21. OTHER DISBURSEMENTS	0.00	0.00
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	614.08	614.08

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	0.00
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	13360.00
25. SUBTOTAL (add Line 23 and Line 24).....	13360.00
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	614.08
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	12745.92

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 5 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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)
Committee to Elect Paul Clements

A. Full Name (Last, First, Middle Initial)
Mollie Clements

Mailing Address 2229 La Cross St

City Kalamazoo State MI Zip Code 49006-2107

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

Name of Employer NA Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 01 / 25 / 2013

Transaction ID : VNVNG9KNB55

Amount of Each Receipt this Period
 1000.00

B. Full Name (Last, First, Middle Initial)
Peter Clements

Mailing Address 3 Brookside Ln

City Ossining State NY Zip Code 10562-3101

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

Name of Employer Property Resources Corporation Occupation Architect

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 05 / 2013

Transaction ID : VNVNG9HFZW7

Amount of Each Receipt this Period
 1000.00

C. Full Name (Last, First, Middle Initial)
Barbara A Clysdale

Mailing Address 4039 Sunvalley Dr

City Kalamazoo State MI Zip Code 49008-3316

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 26 / 2013

Transaction ID : VNVNG9HGVX4

Amount of Each Receipt this Period
 250.00

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

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

2250.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 6 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Paul Clements

A. Full Name (Last, First, Middle Initial)
Charles Kimball Cummings

Mailing Address 1625 W South St

City Kalamazoo State MI Zip Code 49006-4449

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

Name of Employer Western Michigan University Occupation Professor, Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 01 / 2013

Transaction ID : VNVNG9HG864

Amount of Each Receipt this Period
 2500.00

B. Full Name (Last, First, Middle Initial)
Azzam Sadeq Kanaan

Mailing Address 6495 Pepperidge Cir

City Portage State MI Zip Code 49024-1083

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

Name of Employer Southwest Michigan Imaging Occupation Physician

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 02 / 24 / 2013

Transaction ID : VNVNG9HFCC4

Amount of Each Receipt this Period
 2500.00

C. Full Name (Last, First, Middle Initial)
Sonya Keene

Mailing Address 8 Castle Dr

City Acton State MA Zip Code 01720-2138

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date

Date of Receipt
 M M / D D / Y Y Y Y
 03 / 29 / 2013

Transaction ID : VNVNG9HFTY4

Amount of Each Receipt this Period
 2500.00

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

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

7500.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 7 OF 11
	<input checked="" type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Paul Clements

A. Full Name (Last, First, Middle Initial)
Crispin Kontz

Mailing Address 9702 93rd St.
Edmonton, Canada T6C 379

City Edmonton State AB Zip Code T6C 3T9

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

Name of Employer Alberta Health Services Occupation Nurse Manager

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 08 / 2013

Transaction ID : VNVNG9HFQH5

Amount of Each Receipt this Period
500.00

B. Full Name (Last, First, Middle Initial)
Olive Turnipseed

Mailing Address 775 Spring Ln

City Lansdale State PA Zip Code 19446-6231

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

Name of Employer None Occupation Retired

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
200.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 03 / 01 / 2013

Transaction ID : VNVNG9HGBY8

Amount of Each Receipt this Period
200.00

C. Full Name (Last, First, Middle Initial)
Allen Webb

Mailing Address 84 Echo Hills Dr

City Kalamazoo State MI Zip Code 49009-9111

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

Name of Employer Western Michigan University Occupation Professor

Receipt For: 2014
 Primary General
 Other (specify)

Election Cycle-to-Date
500.00

Date of Receipt
 M M / D D / Y Y Y Y Y
 01 / 25 / 2013

Transaction ID : VNVNG9HFBQ8

Amount of Each Receipt this Period
500.00

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

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

1200.00

10950.00

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

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 8 OF 11
	<input type="checkbox"/> 11a 12 <input type="checkbox"/> 11b 13a <input type="checkbox"/> 11c 13b <input checked="" type="checkbox"/> 11d 14 <input type="checkbox"/> 15	

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NAME OF COMMITTEE (In Full)
Committee to Elect Paul Clements

Full Name (Last, First, Middle Initial) A. Paul Colin Clements		Date of Receipt M M / D D / Y Y Y Y Y 01 / 07 / 2013
Mailing Address 2517 Broadway Ave		Transaction ID : VNVNG9HGMD5
City State Zip Code Kalamazoo MI 49008-2107	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C H4MI06105	Name of Employer Occupation Western Michigan University Professor	Amount of Each Receipt this Period 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) B. Paul Colin Clements		Date of Receipt M M / D D / Y Y Y Y Y 01 / 24 / 2013
Mailing Address 2517 Broadway Ave		Transaction ID : VNVNG9HGNM1
City State Zip Code Kalamazoo MI 49008-2107	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C H4MI06105	Name of Employer Occupation Western Michigan University Professor	Amount of Each Receipt this Period 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

Full Name (Last, First, Middle Initial) C. Paul Colin Clements		Date of Receipt M M / D D / Y Y Y Y Y 02 / 25 / 2013
Mailing Address 2517 Broadway Ave		Transaction ID : VNVNG9HGNQ5
City State Zip Code Kalamazoo MI 49008-2107	Amount of Each Receipt this Period 500.00	
FEC ID number of contributing federal political committee. C H4MI06105	Name of Employer Occupation Western Michigan University Professor	Amount of Each Receipt this Period 1500.00
Receipt For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 1500.00	

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

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 9 OF 11
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Paul Clements

Full Name (Last, First, Middle Initial) A. Paul Colin Clements		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 2517 Broadway Ave		Amount of Each Disbursement this Period 291.87 Transaction ID : VNTP89H6GB1
City Kalamazoo State MI Zip Code 49008-2107	Purpose of Disbursement Reimbursement for purchasing office supplies	
Candidate Name Mr. Paul Colin Clements		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Office Max		Date of Disbursement M M / D D / Y Y Y Y 01 / 28 / 2013
Mailing Address 5294 W Main St		Amount of Each Disbursement this Period 291.87 Transaction ID : VNTP89HSRV4
City Kalamazoo State MI Zip Code 49009-3303	Purpose of Disbursement Office Supplies	
Candidate Name		Category/ Type
Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

[MEMO ITEM]
*

Full Name (Last, First, Middle Initial) c. Paul Colin Clements		Date of Disbursement M M / D D / Y Y Y Y 01 / 31 / 2013
Mailing Address 2517 Broadway Ave		Amount of Each Disbursement this Period 74.68 Transaction ID : VNTP89H6GF3
City Kalamazoo State MI Zip Code 49008-2107	Purpose of Disbursement Reimbursement for previous week's campaign purchas	
Candidate Name Mr. Paul Colin Clements		Category/ Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	366.55
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)	PAGE 10 OF 11
	<input checked="" type="checkbox"/> 17 20a <input type="checkbox"/> 18 20b <input type="checkbox"/> 19a 20c <input type="checkbox"/> 19b 21	

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NAME OF COMMITTEE (In Full)
Committee to Elect Paul Clements

Full Name (Last, First, Middle Initial) A. Paul Colin Clements		Date of Disbursement M M / D D / Y Y Y Y 02 / 11 / 2013
Mailing Address 2517 Broadway Ave		Amount of Each Disbursement this Period 86.60 Transaction ID : VNTP89H6G70
City Kalamazoo State MI Zip Code 49008-2107	Purpose of Disbursement Reimbursement for previous week's campign purchas	
Candidate Name Mr. Paul Colin Clements	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) B. Paul Colin Clements		Date of Disbursement M M / D D / Y Y Y Y 02 / 25 / 2013
Mailing Address 2517 Broadway Ave		Amount of Each Disbursement this Period 74.61 Transaction ID : VNTP89H6H31
City Kalamazoo State MI Zip Code 49008-2107	Purpose of Disbursement Reimbursement for previous week's food/drink expen	
Candidate Name Mr. Paul Colin Clements	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

Full Name (Last, First, Middle Initial) c. Paul Colin Clements		Date of Disbursement M M / D D / Y Y Y Y 03 / 04 / 2013
Mailing Address 2517 Broadway Ave		Amount of Each Disbursement this Period 18.40 Transaction ID : VNTP89H6H49
City Kalamazoo State MI Zip Code 49008-2107	Purpose of Disbursement Reimbursement for previous week's purchase of posta	
Candidate Name Mr. Paul Colin Clements	Category/Type	
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: MI District: 06	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	

SUBTOTAL of Disbursements This Page (optional).....	179.61
TOTAL This Period (last page this line number only).....	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**

Use separate schedule(s) for each category of the Detailed Summary Page	FOR LINE NUMBER: (check only one)		PAGE 11 OF 11	
	<input checked="" type="checkbox"/> 17 20a	<input type="checkbox"/> 18 20b	<input type="checkbox"/> 19a 20c	<input type="checkbox"/> 19b 21

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NAME OF COMMITTEE (In Full)
Committee to Elect Paul Clements

Full Name (Last, First, Middle Initial) A. Paul Colin Clements		Date of Disbursement M M / D D / Y Y Y Y 03 / 25 / 2013
Mailing Address 2517 Broadway Ave		Amount of Each Disbursement this Period 39.90 Transaction ID : VNTP89H6G14
City Kalamazoo State MI Zip Code 49008-2107	Purpose of Disbursement Reimbursement for previous week's food/drink expen	
Candidate Name Mr. Paul Colin Clements		Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President	Disbursement For: 2014 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	
State: MI District: 06		

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

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

SUBTOTAL of Disbursements This Page (optional).....	39.90
TOTAL This Period (last page this line number only).....	586.06