

**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

National Committee to Preserve Social Security &amp; Medicare PAC

ADDRESS (number and street)

10 G St. NE

Suite 600

☐Check if different  
than previously  
reported. (ACC)

Washington

DC

20002

4215

2. **FEC IDENTIFICATION NUMBER**

CITY

STATE

ZIP CODE

C00172296

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

11

04

2008

in the  
State of

DC

(d) 30-Day  
**Post -Election**  
Report for the:☐

General (30G)

☐

Runoff (30R)

☐

Special (30S)

Election on

☐☐☐in the  
State of☐

5. Covering Period

10

01

2008

through

10

15

2008

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

Ms. Christine Kim

Signature of Treasurer

Electronically Filed by Ms. Christine Kim

Date

10

22

2008

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

# SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name  
National Committee to Preserve Social Security & Medicare PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1 <span>2008</span>		450668.17
(b) Cash on Hand at Beginning of Reporting Period .....	785382.62	
(c) Total Receipts (from Line 19) .....	18583.12	1357192.46
(d) Subtotal (add lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B) .....	803965.74	1807860.63
7. Total Disbursements (from Line 31) .....	2000.00	1005894.89
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d)) .....	801965.74	801965.74
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**

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

National Committee to Preserve Social Security &amp; Medicare PAC

Report Covering the Period:

From:

M	M	D	D	Y	Y	Y	Y
1	0	0	1	2	0	0	8

To:

M	M	D	D	Y	Y	Y	Y
1	0	1	5	2	0	0	8

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	475.00	29271.00
(i) Itemized (use Schedule A) .....		
(ii) Unitemized .....	18108.12	1323000.25
(iii) TOTAL (add Lines 11(a)(i) and (ii) ..... ➡	18583.12	1352271.25
(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) ..... ➡	18583.12	1352271.25
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	4921.21
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)) .....	18583.12	1357192.46
20. Total Federal Receipts (subtract Line 18(c) from Line 19) .....	18583.12	1357192.46

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

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.....	-7016.61	639366.92
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii) and (b))..... ➡	-7016.61	639366.92
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	9016.61	365527.97
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	1000.00
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))..	2000.00	1005894.89
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	2000.00	1005894.89

**DETAILED SUMMARY PAGE**

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

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) .....	18583.12	1352271.25
34. Total Contribution Refunds (from Line 28(d)) .....	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33) .....	18583.12	1352271.25
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)).....	-7016.61	639366.92
37. Offsets to Operating Expenditures (from Line 15, page 3) .....	0.00	0.00
38. Net Operating Expenditures (subtract Line 37 from Line 36) .....	-7016.61	639366.92

# **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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

**A.**

Full Name (Last, First, Middle Initial)

Rita E. Prescott

Mailing Address Lima Estates

411 N Middletown Rd. # 101D

City

State

Zip Code

Media

PA

19063-4435

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 3 / 2 0 0 8

Transaction ID: 16049790

Amount of Each Receipt this Period

125.00

**B.**

Full Name (Last, First, Middle Initial)

Ms. Janice B. Rubel

Mailing Address

2000 S Bayshore Dr. Apt. 68

City

State

Zip Code

Coconut Grove

FL

33133-3256

FEC ID number of contributing  
federal political committee.

C

Name of Employer

Occupation

RETIRED

Receipt For:

☐ Primary

☐ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

600.00

Date of Receipt

M M / D D / Y Y Y Y  
1 0 / 0 1 / 2 0 0 8

Transaction ID: 16049854

Amount of Each Receipt this Period

350.00

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

475.00

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

475.00

# **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)

PAGE 7 / 11

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

<b>A.</b> Full Name (Last, First, Middle Initial) Hagan Senate Committee Inc	<b>Transaction ID:</b> 15988577 <b>Date of Disbursement</b>
Mailing Address PO Box 29103	<div> <div>10</div> <div>07</div> <div>2008</div> </div>
City Greensboro State NC Zip Code 27429	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement Contribution	<div>2000.00</div>
Candidate Name Kay Hagan	<div>011</div> Category/Type
Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> Senate <input type="checkbox"/> President State: NC District:	<b>Contribution</b>
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>B.</b> Full Name (Last, First, Middle Initial) NCPSSM	<b>Transaction ID:</b> 16049047 <b>Date of Disbursement</b>
Mailing Address 10 G Street, NE Suite 600	<div> <div>10</div> <div>01</div> <div>2008</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement InKind	<div>1185.78</div>
Candidate Name Deborah Halvorson	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: IL District: 11	<b>InKind</b>
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	
<b>C.</b> Full Name (Last, First, Middle Initial) NCPSSM	<b>Transaction ID:</b> 16049057 <b>Date of Disbursement</b>
Mailing Address 10 G Street, NE Suite 600	<div> <div>10</div> <div>13</div> <div>2008</div> </div>
City Washington State DC Zip Code 20002	<b>Amount of Each Disbursement this Period</b>
Purpose of Disbursement InKind	<div>953.76</div>
Candidate Name Mr. Jason Altmire	<div>011</div> Category/Type
Office Sought: <input checked="" type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: PA District: 04	<b>InKind</b>
Disbursement For: 2008 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼	

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

**4139.54**

**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)

PAGE 8 / 11

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
InKind

Candidate Name  
Mr. Al Franken

011  
Category/  
Type

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

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 16049060

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

1912.37

InKind

B.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
InKind

Candidate Name  
Linda Stender

011  
Category/  
Type

Office Sought: ☒ House  
☐ Senate  
☐ President  
State: NJ District: 07

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 16050114

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

251.00

InKind

C.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
InKind

Candidate Name  
Kay Barnes

011  
Category/  
Type

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

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

Transaction ID: 16050134

Date of Disbursement

10 / 15 / 2008

Amount of Each Disbursement this Period

1544.36

InKind

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

3707.73

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)

PAGE 9 / 11

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

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NAME OF COMMITTEE (In Full)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
InKind

Candidate Name  
Rep. Paul W. Hodes

Office Sought: ☒ House  
☐ Senate  
☐ President

State: NH District: 02

Disbursement For: 2008  
☐ Primary ☒ General  
☐ Other (specify) ▼

011  
Category/  
Type

Transaction ID: 16050146

Date of Disbursement

10 / 10 / 2008

Amount of Each Disbursement this Period

1169.34

InKind

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

1169.34

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

9016.61

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

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

FOR LINE NUMBER:  
(check only one)

PAGE 10 / 11

<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)

National Committee to Preserve Social Security & Medicare PAC

A.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Inkind

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16049038

Date of Disbursement

10 / 01 / 2008

Amount of Each Disbursement this Period

-1185.78

Inkind

B.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
Inkind

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16049053

Date of Disbursement

10 / 13 / 2008

Amount of Each Disbursement this Period

-953.76

Inkind

C.

Full Name (Last, First, Middle Initial)

NCPSSM

Mailing Address 10 G Street, NE  
Suite 600

City Washington State DC Zip Code 20002

Purpose of Disbursement  
InKind

Candidate Name

011  
Category/  
Type

Office Sought: ☐ House  
☐ Senate  
☐ President

State: District:

Disbursement For: ☐ Primary ☐ General  
☐ Other (specify) ▼

Transaction ID: 16049058

Date of Disbursement

10 / 08 / 2008

Amount of Each Disbursement this Period

-1912.37

InKind

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

-4051.91

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)

PAGE 11 / 11

<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)

National Committee to Preserve Social Security & Medicare PAC

<p><b>A.</b></p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement InKind</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 16050112  <b>Date of Disbursement</b>  <div>10 / 15 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-251.00</div></p> <p><b>InKind</b></p>
<p><b>B.</b></p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement InKind</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 16050115  <b>Date of Disbursement</b>  <div>10 / 15 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-1544.36</div></p> <p><b>InKind</b></p>
<p><b>C.</b></p> <p>Full Name (Last, First, Middle Initial) NCPSSM</p> <p>Mailing Address 10 G Street, NE Suite 600</p> <p>City Washington State DC Zip Code 20002</p> <p>Purpose of Disbursement InKind</p> <p>Candidate Name</p> <p>Office Sought: <input type="checkbox"/> House <input type="checkbox"/> Senate <input type="checkbox"/> President State: District:</p> <p>Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>	<p><b>Transaction ID:</b> 16050144  <b>Date of Disbursement</b>  <div>10 / 10 / 2008</div></p> <p><b>Amount of Each Disbursement this Period</b>  <div>-1169.34</div></p> <p><b>InKind</b></p>

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

**-2964.70**

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

**-7016.61**