

**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

Bob Marx for Hawaii

ADDRESS (number and street)

#108, 688 Kinoole Street

Check if different
than previously
reported. (ACC)

Hilo

HI

96720

2. FEC IDENTIFICATION NUMBER ▼

C

C00502716

CITY ▲

STATE ▲

ZIP CODE ▲

STATE ▼ DISTRICT

3. IS THIS
REPORT☐ NEW
(N)

OR

☐ AMENDED
(A)

HI

02

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

through

M M /

D D /

Y Y Y Y

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. Dale McSherry

Signature of Treasurer

Dr. Dale McSherry

[Electronically Filed]

Date

M M /

D D /

Y Y Y Y

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 3**
(Revised 02/2003)

SUMMARY PAGE

of Receipts and Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 2 / 11

Write or Type Committee Name

Bob Marx for Hawaii

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	2

	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))....	22360.61	438216.08
(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))	22360.61	438216.08
7. Net Operating Expenditures		
(a) Total Operating Expenditures (from Line 17)	23194.13	437554.58
(b) Total Offsets to Operating Expenditures (from Line 14).....	0.00	154.98
(c) Net Operating Expenditures (subtract Line 7(b) from Line 7(a))	23194.13	437399.60
8. Cash on Hand at Close of Reporting Period (from Line 27).....	703.12	
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)

PAGE 3 / 11

Write or Type Committee Name

Bob Marx for Hawaii

Report Covering the Period:

From:

M	M	/	D	D	/	Y	Y	Y	Y
1	0		1	6		2	0	1	2

To:

M	M	/	D	D	/	Y	Y	Y	Y
1	1		0	5		2	0	1	2

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).....**

0.00

179960.38

(ii) Unitemized.....

0.00

6320.31

(iii) TOTAL of contributions from individuals ▶

0.00

186280.69

(b) Political Party Committees.....

0.00

0.00

(c) Other Political Committees (such as PACs).....

0.00

0.00

(d) The Candidate.....

22360.61

251935.39

(e) TOTAL CONTRIBUTIONS (other than loans) (add Lines 11(a)(iii), (b), (c), and (d))..

22360.61

438216.08

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

154.98

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)..... ▶

22360.61

438371.06

DETAILED SUMMARY PAGE of Disbursements

FEC Form 3 (Revised 02/2003)

PAGE 4 / 11

II. DISBURSEMENTS	COLUMN A Total This Period	COLUMN B Election Cycle-to-Date
17. OPERATING EXPENDITURES.....	23194.13	437554.58
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	113.36
22. TOTAL DISBURSEMENTS (add Lines 17, 18, 19(c), 20(d), and 21) ►	23194.13	437667.94

III. CASH SUMMARY

23. CASH ON HAND AT BEGINNING OF REPORTING PERIOD.....	1536.64
24. TOTAL RECEIPTS THIS PERIOD (from Line 16, page 3).....	22360.61
25. SUBTOTAL (add Line 23 and Line 24).....	23897.25
26. TOTAL DISBURSEMENTS THIS PERIOD (from Line 22).....	23194.13
27. CASH ON HAND AT CLOSE OF REPORTING PERIOD (subtract Line 26 from Line 25).....	703.12

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

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 12 ☐ 13a ☐ 13b ☐ 14 ☐ 15

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NAME OF COMMITTEE (In Full)
Bob Marx for Hawaii

A. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5231	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 337.30
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Ink Tech bill paid	
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 388090.38		
B. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5232	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 1562.40
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Hawaii Media bill paid	
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 387753.08		
C. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y 11 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5233	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 2631.23
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - mahalo broadcasting bill paid	
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 386190.68		
SUBTOTAL of Receipts This Page (optional).....		4530.93	
TOTAL This Period (last page this line number only).....			

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

☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Bob Marx for Hawaii

A. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5234	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 5053.93
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - KWXX bill paid	
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 383559.45		
B. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5235	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 4123.69
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Pacific radio group bill paid	
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 378505.52		
C. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y Y 11 / 01 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5252	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 4009.80
FEC ID number of contributing federal political committee. C H2HI02516		In-kind - Pacific Radio Group	
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 392100.18		
SUBTOTAL of Receipts This Page (optional).....		13187.42	
TOTAL This Period (last page this line number only).....			

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)

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☐ 11a ☐ 11b ☐ 11c ☒ 11d ☐ 15
12 13a 13b 14

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NAME OF COMMITTEE (In Full)
Bob Marx for Hawaii

A. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5242	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 1847.23 In-kind - The Maui News
FEC ID number of contributing federal political committee. C H2HI02516			
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 396543.44		
B. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y 11 / 02 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5243	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 2596.03 In-kind - Ohana Broadcast
FEC ID number of contributing federal political committee. C H2HI02516			
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 394696.21		
C. Full Name (Last, First, Middle Initial) Robert Marx		Date of Receipt M M / D D / Y Y Y Y 11 / 03 / 2012	
Mailing Address #105. 688 Kinoole Street		Transaction ID : SA11D.5244	
City Hilo	State HI	Zip Code 96720	Amount of Each Receipt this Period 199.00 In-kind - Data Sphere bill paid
FEC ID number of contributing federal political committee. C H2HI02516			
Name of Employer Law Offices of Robert Marx	Occupation Attorney at law		
Receipt For: 2012 <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify)	Election Cycle-to-Date 396742.44		
SUBTOTAL of Receipts This Page (optional).....		4642.26	
TOTAL This Period (last page this line number only).....		22360.61	

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Bob Marx for Hawaii

Full Name (Last, First, Middle Initial)

A. Hawaii Tribune Herald

Mailing Address 355 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
media expense

004

Category/
Type

Candidate Name

Bob Marx for HawaiiOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		05		2012

Amount of Each Disbursement this Period

833.52

Transaction ID : SB17.5259

B. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - Pacific radio group bill paidCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2012

Amount of Each Disbursement this Period

4123.69

Transaction ID : SB17.5236

c. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - KWXX bill paidCategory/
TypeOffice Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2012

Amount of Each Disbursement this Period

5053.93

Transaction ID : SB17.5237

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

10011.14

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 9 OF 11

<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Bob Marx for Hawaii

Full Name (Last, First, Middle Initial)

A. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - mahalo broadcasting bill paid

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2012

Amount of Each Disbursement this Period

2631.23

Transaction ID : SB17.5238

B. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - Hawaii Media bill paid

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2012

Amount of Each Disbursement this Period

1562.40

Transaction ID : SB17.5239

C. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - Ink Tech bill paid

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2012

Amount of Each Disbursement this Period

337.30

Transaction ID : SB17.5240

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

4530.93

**SCHEDULE B (FEC Form 3)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input checked="" type="checkbox"/> 17	<input type="checkbox"/> 18	<input type="checkbox"/> 19a	<input type="checkbox"/> 19b
<input type="checkbox"/> 20a	<input type="checkbox"/> 20b	<input type="checkbox"/> 20c	<input type="checkbox"/> 21

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NAME OF COMMITTEE (In Full)

Bob Marx for Hawaii

Full Name (Last, First, Middle Initial)

A. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - Pacific Radio Group

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		01		2012

Amount of Each Disbursement this Period

4009.80

Transaction ID : SB17.5258

B. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - Ohana Broadcast

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2012

Amount of Each Disbursement this Period

2596.03

Transaction ID : SB17.5246

C. Robert Marx

Mailing Address #105. 688 Kinoole Street

City	State	Zip Code
Hilo	HI	96720

Purpose of Disbursement
In-kind - The Maui News

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M	/	D D	/	Y Y Y Y
11		02		2012

Amount of Each Disbursement this Period

1847.23

Transaction ID : SB17.5247

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

8453.06

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

☒ 17 ☐ 18 ☐ 19a ☐ 19b
☐ 20a ☐ 20b ☐ 20c ☐ 21

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NAME OF COMMITTEE (In Full)

Bob Marx for Hawaii

Full Name (Last, First, Middle Initial)

A. Robert Marx

Mailing Address #105. 688 Kinoole Street

City State Zip Code
Hilo HI 96720

Purpose of Disbursement
In-kind - Data Sphere bill paid

Candidate Name

Office Sought: ☒ House
☐ Senate
☐ President

Disbursement For: 2012
☒ Primary ☐ General
☐ Other (specify)

State: HI District: 02

Date of Disbursement

M M / D D / Y Y Y Y
11 / 03 / 2012

Amount of Each Disbursement this Period

199.00

Transaction ID : SB17.5245

Category/
Type

Full Name (Last, First, Middle Initial)

B.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

Purpose of Disbursement

Candidate Name

Office Sought: ☐ House
☐ Senate
☐ President

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

State: District:

Date of Disbursement

M M / D D / Y Y Y Y

Amount of Each Disbursement this Period

Category/
Type

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

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

199.00

23194.13